

DUBLIN HOSPITALS COMMISSION.

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REPORT

OF THE

COMMITTEE OF INQUIRY,  
1887,

TOGETHER WITH

MINUTES OF EVIDENCE AND APPENDICES.

---

*Presented to both Houses of Parliament by Command of Her Majesty.*

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DUBLIN CASTLE,

12th June, 1885.

SIR,

I am directed by the Lord Lieutenant to inform you that His Excellency has been pleased to appoint you in conjunction with SIR RICHARD MARTIN, Baronet; CHARLES KENNEDY, Esquire; ROBERT WILLIAM ARNETHNOT HOLMES, Esquire; RICHARD OWEN ARMSTRONG, Esquire; and THOMAS MAXWELL HUTTON, Esquire, to be a Commission to inquire into and report upon certain matters connected with the management and working of the several hospitals in the City of Dublin.

I transmit herewith His Excellency's Warrant appointing the Commission, a copy of which has been forwarded to each of the other Commissioners.

I am to add that Dr. THOMAS MYLES, whom his Excellency has been pleased to appoint to be Secretary to the Commission, has been instructed to place himself in communication with you.

I am,

SIR,

Your obedient Servant,

R. G. C. HAMILTON,

SIR ROWLAND BLENNERHASSETT, Bart., M.P.,

31, Curzon Street,

Mayfair,

London W.

BY THE LORD LIEUTENANT GENERAL AND GENERAL-GOVERNOR  
OF IRELAND.

---

*SPENCER.*

To

SIR ROWLAND BLINDELLHASSETT, Bart., M.P.; SIR RICHARD MARTIN, Bart.; CHARLES KENNEDY, Esquire; ROBERT WILLIAM ARBUTHNOT HOLMES, Esquire; RICHARD OWEN ARMSTRONG, Esquire; and THOMAS MAXWELL HUTTON, Esquire.

WHEREAS we have deemed it expedient that a Commission should forthwith issue to make enquiry into the management and working of the several Hospitals in the City of Dublin and in respect of the Hospitals which receive annual grants from the public funds in aid of their support, to ascertain whether the conditions upon which such grants from public funds were made have been observed and complied with; also to make enquiry whether if the grants made from public funds were commuted a consolidation of the Hospitals or any of them receiving such grants could be advantageously carried out; and whether any re-distribution of such annual grants is expedient and advisable:

NOW WE, JOHN POYNTE, EARL SPENCER, Lord Lieutenant General and General-Governor, of Ireland, nominate, constitute, and appoint you, SIR ROWLAND BLINDELLHASSETT, Bart., M.P.; SIR RICHARD MARTIN, Bart.; CHARLES KENNEDY, Esquire; ROBERT WILLIAM ARBUTHNOT HOLMES, Esquire; RICHARD OWEN ARMSTRONG, Esquire; and THOMAS MAXWELL HUTTON, Esquire, to be Commissioners for the purposes of the said enquiry.

We do by these presents authorize and empower you or any two or more of you to enquire of and concerning the premises, and to examine witnesses, and call for and examine all such books and documents as you shall judge likely to afford you the fullest information and to report to Us your views and recommendations with respect thereto.

And we are hereby pleased to appoint Doctor THOMAS MYLES to be your Secretary.

Given at Her Majesty's Castle of Dublin this 10th day of June, 1885.

By His Excellency's Command.

R. G. C. HAMILTON.



DUBLIN CASTLE,

4th November, 1885.

SIR,

I am directed by the Lord Lieutenant to request that you will have the goodness to acquaint Sir ROWLAND BLESSEY-HASSETT, Chairman of the Committee now sitting and inquiring into the Dublin Hospitals, that His Excellency has been pleased to accede to a request received by him to-day from the Municipal Council of Dublin, and to add the name of Councillor JAMES O'REILLY to the Committee.

His Excellency requests that you will be so good as to communicate at once with Mr. O'REILLY, whose address is Breehni Villa, Eglinton Road, and that you will inform him of the time and place of the next meeting; and also that you will let him have access to the notes of evidence already taken, and to any other documents that have been before the Committee.

I am,

SIR,

Your obedient Servant,

R. G. C. HAMILTON.

Dr. MYLES,

St. Mark's Ophthalmic Hospital.

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# DUBLIN HOSPITALS COMMISSION.

## REPORT.

TO HIS EXCELLENCY CHARLES STEWART, MARQUESS OF  
LONDONDERRY, &c., &c.,

LOD LIUTENANT GENERAL AND GENERAL GOVERNOR OF IRELAND.

Dublin, April 4th, 1867.

MAY IT PLEASE YOUR EXCELLENCY,

1. We, the Commissioners appointed by the warrant of your Excellency's predecessor, Earl Spencer, &c., bearing date the 10th of June, 1865, to make certain inquiries, as directed thereunder, in connexion with the Hospitals of the city of Dublin and to report our views and recommendations with respect to the matters referred to us for inquiry have now the honour to submit our Report.

2. We were directed by the Warrant "to make an inquiry into the management and working of the several hospitals in the City of Dublin, and, in respect of the hospitals which receive annual grants from public funds to aid their support, to ascertain whether the conditions upon which such grants from public funds were made have been observed and complied with; also to make an inquiry whether, if the grants made from public funds were commuted, a consolidation of the hospitals or any of them receiving such grants could be advantageously carried out; and whether the redistribution of such annual grants is expedient and advisable."

3. We held our first sitting for the reception of evidence on the 24th October, 1865, and our last on the 6th March, 1866, and we examined eighty-six witnesses—representatives of the governing bodies and the medical staffs of the hospitals, members of representative bodies in Dublin, and persons having a special acquaintance with hospital management both in England and abroad.

4. We also carefully considered the following documents embodying the results of the inquiries by former Commissions:—The Report of Messrs. John David La Touche, William Disney, and George Renny, who were appointed by the Lord Lieutenant, in 1808, to inquire into "certain charitable institutions in the City of Dublin which receive aid from Parliament;" the Report of the Commissioners appointed for the like purpose by the Lord Lieutenant in 1829; the Report of the Commissioners appointed for the like purpose by the Lord Lieutenant in 1842; the Report of and the evidence given before the Select Committee of 1854 of which the late Lord Mayo, who was then Lord Naas, was Chairman; and the Report of the Commissioners—the late Lord Talbot de Malahide, Dr. John F. South, a London Physician, and Mr. William Henry Stephenson, an officer of the Treasury—who were appointed by the Lord Lieutenant in 1856 to inquire into the hospitals of Dublin.

5. We shall for the sake of brevity refer to these documents in the course of our observations as the reports of 1809, 1829, 1842, of the Select Committee of 1854, and of Dr. South's Commission.

6. There are, including the City of Dublin Hospital, which is situated in the Pembroke township just beyond the municipal boundary, no less than nineteen hospitals in the city proper; of these, ten are general Medico-Chirurgical and nine are special hospitals. In all of the former and in five of the latter clinical instruction is given.

7. In addition to the above there is the Hospital for Incurables situated near Donnybrook, which, however, is not a hospital in the sense in which that word is generally understood.

Dr. South's  
Report,  
p. 14.

8. Save in the cases of St. Vincent's, the Adelaide, and the National Orthopædic Hospital, witnesses offered themselves for examination on behalf of all these institutions. But although in these cases oral evidence was not tendered, we were supplied with every information respecting the income and expenditure of the hospitals in question. St. Vincent's Hospital is entirely under the control of a Roman Catholic Sisterhood, while the Adelaide is a purely Protestant Institution, and is supported altogether by voluntary contributions. Both of these Hospitals have the reputation of being efficiently worked and under excellent management. The National Orthopædic Hospital is a small Institution which, no doubt, does very good work, but which ought not to have a separate existence.

9. The following is a list of the hospitals divided into two classes, (a.) those which receive Parliamentary Grants, (b.) those which do not:—

(a.) HOSPITALS RECEIVING PARLIAMENTARY GRANTS.

		NAME OF HOSPITAL.	Grant.
GENERAL HOSPITALS,	{	The House of Industry Hospitals (North side),	£
		Doctor Steevens' Hospital (South side),	7,400
		The Meath Hospital (South side),	1,300
		The Rotunda Lying-in Hospital (North side),	600
SPECIAL HOSPITALS,	{	The Rotunda Lying-in Hospital (South side),	700
		The Westminster Lock Hospital (South side),	200
		The Corkin-street Fever Hospital (South side),	2,400
		St. Mark's Ophthalmic Hospital (South side),	2,500
		The Hospital for Incurables (South side),	100
		Total Grant,	13,500

(b.) HOSPITALS NOT RECEIVING PARLIAMENTARY GRANTS.

GENERAL HOSPITALS,	{	The Mater Misericordiarum Hospital (North side),	
		The Jervis-street Hospital (North side),	
		Sir Patrick Dun's Hospital (South side),	
		The City of Dublin Hospital (South side),	
		Mercer's Hospital (South side),	
		St. Vincent's Hospital (South side),	
SPECIAL HOSPITALS,	{	The Adelaide Hospital (South side),	
		The National Eye and Ear Infirmary (South side),	
		St. Joseph's Hospital for Children (North side),	
		The Dublin Orthopædic Hospital (South side),	
		The National Orthopædic Hospital (South side),	

10. Jervis-street Hospital, Mercer's Hospital, and the Hospital for Incurables receive each a grant of £50 Irish, (less certain deductions), which is paid to them as "Public Infirmaries," under the Act of 5 Geo. III., cap. 20 (Irish); and the Meath Hospital receives in addition to the above grant of £600, a grant of £100 Irish, (less certain deductions) which is paid to it as the Infirmary of the County of Dublin, under 5 Geo. III., cap. 20, and 13 and 14 Geo. III., cap. 42. These grants are now continued under the Medical Charities (Ireland) Act, 14 and 15 Vic., cap. 68, sec. 10, which provides that—

"Nothing herein contained shall be construed to deprive of the benefit of aid from any Parliamentary Grant any Infirmary or Hospital in the city or county of Dublin now receiving such aid, so long as such aid shall continue to be granted by Parliament."

11. We shall in the first place give an account of the circumstances of each Institution as presented by the evidence, both oral and documentary; we shall next trace the origin and history of the Parliamentary Grants, and, having stated the ground upon which alone, in our opinion, the continuance of State aid can be justified, we shall, venturing to assume that such aid will not be withdrawn, suggest such a scheme for the future distribution of the Fund as we believe will best conduce to the advancement of medical science, and, therefore, to the welfare of those for whom hospitals are intended.

L.—HOUSE OF INDUSTRY HOSPITALS.

12. The Institution known by the name of the House of Industry Hospitals first claims our attention as being in receipt of the largest of the hospital grants made by Parliament and being mainly supported by it. These hospitals, as their name implies, belonged formerly to the House of Industry which is now represented by the North

Dublin Union Workhouse. The old House of Industry was established in 1773 under the provisions of the Act 11 and 12 Geo. III., cap. 30, by which Corporations for the Relief of the Poor were created in every county and county of a city in Ireland; this measure differed, however, from the Act 1 and 2 Vic., cap. 56, which applied for the first time to Ireland the principle of the Poor Law of Elizabeth, in that it did not make compulsory provision for relief. The Irish legislature at that time looked rather to voluntary effort for the support of such institutions as were contemplated by the Act to which we have referred. But, as might have been expected, the Act proved practically a dead letter, and even in Dublin, where voluntary contributions flowed in largely at first, the Institution would have been closed but for the annual grants made to it by Parliament from the year 1777. The House of Industry in Dublin became thus the Poor House for the greater part of Ireland; for as we learn from the report of Messrs. La Touche, Disney and Benny "upon certain charitable establishments in the City of Dublin which receive aid from Parliament," published in 1809—

Rep. of 1809  
p. 15.

"This Institution never confined its admissions to the population of the City of Dublin, but freely received all who offered themselves from every part of Ireland."

13. In connexion with such an Institution it was inevitable that hospital accommodation would have to be provided, and accordingly we find it stated in the report from which we have just quoted that

"From the indiscriminate admission into the House of all persons offering themselves without recommendation, and many of them labouring under disease, it is obvious that some medical establishment must have been coeval with the Institution. Two wards were, therefore, opened in the year 1774 for the accommodation of medical and surgical patients, under the care of two physicians and two surgeons. In the year 1790 the Corporation for the Relief of the Poor elected a third physician and a third surgeon, and also a consulting physician and surgeon."

14. The accommodation so afforded must necessarily have proved inadequate, and the establishment of separate buildings for hospital purposes was only a question of time. The three buildings which together form the Institution now known as the House of Industry Hospitals and which are separately designated the Hardwicke Fever, the Richmond Surgical, and the Whitworth Medical Hospitals, were erected at different periods—the Hardwicke in 1803, the Richmond in 1811, and the Whitworth in 1818. These hospitals together with other kindred institutions to which it is not necessary to refer, were, as is stated in Appendix II. to the Report upon the House of Industry by the Commissioners appointed by the Lord Lieutenant in 1829 to inquire into certain Charitable Institutions in Dublin, "primarily appropriated to the relief of such inmates in the other department of the house as might labour under temporary diseases, but when vacancies occurred and were not required for the inmates of the house they were filled up by patients from the city generally." They constituted in short the Infirmary of the old Poor House, but were not restricted to pauper patients if, after providing for their accommodation, there was room for the admission of non-paupers.

This connexion between the hospitals and the House of Industry proper, continued until the passing of the Act 1 and 2 Vic., cap. 56, under which that portion of the House of Industry which comprised the asylum for the aged and infirm, and the asylum for the lunatics, was, by the Poor Law Commissioners, appropriated as the Workhouse of the North Dublin Union, and was declared to be fit for the reception of the destitute poor on the 25th March, 1840. From that date until 1856 the hospitals were under the control of the Poor Law Commissioners, though supported by moneys voted by Parliament and under the direct management of a paid Governor appointed by the Lord Lieutenant.

15. In the year 1834 a Select Committee of the House of Commons, of which Lord Nass was Chairman, was appointed to inquire into and report upon the expediency of the grants made from the public funds to the hospitals in the city of Dublin, and in that portion of their Report which dealt with the House of Industry Hospitals, they observed that of the total Parliamentary Grant of £11,859 to this institution about £7,600 was expended on the three hospitals.

16. They also recommended—

"That these hospitals should be maintained in their present state of efficiency; that an inquiry should be directed by the Lord Lieutenant for that purpose; that the hospital establishment should be entirely separated from the other branches of the institution, and that a Board of Governors should be appointed by His Excellency who would undertake the entire management of the institution in the manner which has been found to succeed so well in other hospitals."

17. In the following year a Commission, consisting of the late Lord Talbot de Malahide, Dr. John F. South, a London Physician, and Mr. W. H. Stephenson, a

Treasury Official, was appointed by the Lord Lieutenant to make inquiry into the condition and regulations of medical instruction in the city of Dublin, with reference to grants of pecuniary assistance from the public funds. This Commission, generally known as Dr. South's Commission, adopting the figures ascertained by the Select Committee, reported that a sum of £7,600 per annum would be adequate for the support of these hospitals in an efficient state upon their present scale of accommodation, and this amount, less deductions on account of any legacies left to the institution, has been paid regularly since 1856.

18. In the year 1856 an Act, 19 and 20 Vic. cap. 110, was passed to give effect to the recommendations of the Select Committee, that the hospital establishment should be entirely separated from the other branches of the institution, and that their management should be under the control of an unpaid Board. Under this Act the House of Industry hospitals, and all lands, tenements and hereditaments of and belonging thereto and not appropriated to the purposes of the workhouse under the 1 and 2 Vic. cap. 56, were made to vest in the Commissioners of Public Works in Ireland, while the management of the hospitals was vested in a Board of Governors to be partly nominated by the Lord Lieutenant and partly elected by the subscribers to the hospital, in such proportion as the Lord Lieutenant might from time to time determine.

19. As might be expected, however, in the case of an institution deriving an adequate income for its support from public funds, there never have been any subscribers, and consequently the Board has been entirely nominated by the Lord Lieutenant in virtue of another provision of the Act enabling him to alter the constitution of the Board from time to time.

20. In recommending that these hospitals, which from their foundation until 1839 had been "primarily appropriated" to the relief of the inmates of the old poorhouse, should be entirely separated from the poorhouse or existing union organization, and that their maintenance, which, if it had been judged proper that their connexion with that organization should be restored, would have been borne by the Poor Rate, should continue to be a charge upon moneys voted by Parliament, the Select Committee were clearly influenced by considerations which had for their subject the interests of Medical Education rather than the needs of the North Dublin Union in respect of hospital accommodation for its patients.

21. At that time there was an important Medical School—the Carmichael—in the immediate vicinity of the House of Industry, which was attended by the students of the hospitals. This School and the hospitals, the late Sir Dominic Corrigan stated in his evidence before the Select Committee of 1854:—

"Are intimately and practically united, and together constitute one great School, both for clinical medicine and surgery, and for dissectionary instruction; and in addition to the lectures that I have mentioned as resulting to education were these hospitals closed, there would result the destruction of this School, for it could not exist without the hospital."

22. In the face of evidence such as this, given too by so eminent a member of his profession, it is not surprising that the Select Committee should have recommended the entire separation of the hospitals from the Poor Law system. But in the interval the Carmichael School has been removed to another quarter of the city, while the establishment of the Mater Misericordie and the enlargement of Jervis-street hospital have provided students with the means of acquiring clinical instruction which were wanting on the north side of the city in 1854.

23. If the circumstances which now exist had been present when the Select Committee made the recommendation which resulted in the severance of these hospitals from their connexion with the Poor House, it is more than probable that they would have advised differently, and that these institutions would have long since been absorbed in the system of the North Dublin Union. The question, however, which was then decided must again be considered in the event either of the Parliamentary grants to Dublin Hospitals being withdrawn, or of there being any change in the present mode of distributing them; and, indeed, without any reference to the continuance of these grants, it seems to us that its consideration could not have been long postponed in view of the urgent necessity for providing increased accommodation for the inmates of the North Dublin Union, which has been so forcibly presented to our notice by the evidence of Drs. F. X. MacCabe and Joseph E. Kenny.

24. According to the evidence of Dr. MacCabe, who is now Medical Adviser to the General Prisons Board, and had previously filled the office of Local Government Board Inspector, "the whole institution (i.e., the North Dublin Union) is overcrowded, and the hospital wards are very much overcrowded." He had previously described the accommodation for the sick in the South Dublin Union as "simply admirable," adding



that "it would be impossible for any one walking through the wards to imagine that they were otherwise than belonging to a very liberally endowed establishment." Referring to the North Union, he stated that "it would be perfectly impossible to add to the building accommodation in the ward, it would be positively unable to do so," and that he had never written more strongly to the Local Government Board than on this point, "begging of them that, if the guardians proposed anything in the nature of additional buildings on this present site, they should absolutely refuse to consent to it;" and in reply to a question as to whether it would be desirable for the purposes of the union to acquire possession of the House of Industry Hospitals, he observed, "They form part of it, and they ought to belong to it. It is a pity, in my opinion, that they were ever taken from it."

23. Mr. Henry A. Robinson, who succeeded Dr. MacCabe as Local Government Board Inspector for the Dublin District, endorsed everything that the latter had said about the South Union, but, with reference to the North Union, he stated that "a great change had taken place in the accommodation and management of the Union;" and, by way of explanation, he referred to the new buildings at Cabra, to which 400 or 500 children had been sent from the Union, thereby relieving to that extent the pressure in the workhouse proper. He admitted, however, that on account of the great depression throughout the country there had been a large number of admissions to the North Dublin Workhouse, and that the buildings were still overcrowded—there having been on one occasion, shortly before he gave his evidence, not even "standing room for the inmates in the day-rooms"—but "he had no reason to suppose that the present overcrowding, consequent upon the much larger number of admissions, compared with previous years, was not abnormal."

25. At the same time he expressed his opinion that it would be a great advantage to the Union, in the interests of the sick, to acquire possession of the House of Industry Hospital, and in any case he was anxious to see the accommodation increased "in order that the Guardians might be in a position to provide suitable apartments for the Sisters of Mercy who were, he understood, to take charge of the Hospital."

27. We, therefore, take Mr. Robinson to be substantially in accord with Dr. MacCabe, for no one will deny that the accommodation ought to be sufficient to meet any calls upon the House, while we fear that periods of depression are of too frequent recurrence to be regarded as entirely "abnormal."

28. The evidence given by Dr. Joseph E. Kenny, with reference to the want of accommodation in the North Dublin Union, and upon the position which Union Hospitals ought, in his opinion, to occupy in the social economy is both interesting and suggestive.

29. Dr. Kenny is one of the physicians to the North Dublin Union, and is, therefore, particularly qualified to speak upon the question of proper accommodation for the sick. Upon this question he states that—

"The buildings are not constructed as hospitals proper, but more as a general residential house, into which are admitted those who are not sick as well as those who are. There is no ward but one—the observational ward—in which the sick and the well are not sleeping together. The general result," he proceeds, "of the want of the proper means of classification is that, in almost any ward you take, a large number of beds that ought to contain sick only are occupied by 'crazies,' perfectly sound, and those the sick and well are forced in the same ward, a condition of things equally unfair to both;" and he adds that, "there is no possibility of avoiding this under existing circumstances."

30. But, in addition to the evil arising from the want of a proper classification of the inmates, there is a grave insufficiency of cubic space per bed. Upon this point he mentioned that in the adult male department there was an average of about 508 cubic feet to each bed, which is, as he observed, "an utterly insufficient amount for the treatment of the sick." Cases of phthisis, he told us, are specially numerous in these hospitals, and above all others require a large amount of pure air-space, but in the Union Hospital, as at present constructed, there is no possibility of allowing it. He also referred to the want—to which Mr. Robinson had called attention—of accommodation for the Sisters of Mercy as nurses for the sick.

31. Having regard then to the evidence given by a witness so well qualified to speak as Dr. Kenny, supported as he is by such experienced officers as Dr. F. X. MacCabe and Mr. H. A. Robinson, we do not hesitate to say that there is great urgency for providing additional accommodation for the inmates of the North Dublin Union, and that in the event of our recommendation with reference to the future application of the Parliamentary grant being adopted, the House of Industry Hospitals, which would, thereupon, cease to be a State-supported institution, should be appropriated for the purposes of the Union.

Recommendation.

32. In these circumstances, then, and regarding as inevitable the restoration of these Hospitals to their former connexion with the North Dublin Workhouse, we do not propose to discuss the evidence given by the various witnesses with reference to the details of their management, but will at once consider how the alteration thus effected in the character of the Institution will affect the interests and prospects of its officers and servants.

33. We have already referred to the statute 19 and 20 Vict., cap. 110, by which the management of the Institution is now regulated. This Act, which was the outcome of the recommendations of the Select Committee of 1854, and Dr. South's Commission, seems by its terms to indicate that the intention of the Legislature was to accept the principle that there were circumstances in connexion with hospitals in Dublin which justified the continuance to them of State aid. This Act made provision not only for the regulation of the House of Industry Hospitals, but "for other hospitals in Dublin supported wholly or in part by Parliamentary grants," and it created a Board, known as the Board of Superintendence, for the purpose of inquiring into the government and management of all such institutions, and into the conduct of all persons holding any office or employment therein. As a further indication that the Legislature had accepted the principle to which we have referred, the Act empowers the Lord Lieutenant, with the consent and approval of the Treasury, to grant, if he thinks fit to do so, to any officer or servant of the House of Industry Hospitals, or of the Lock Hospital, who shall become from confirmed sickness, age, or infirmity, incapable of executing his office in person, an annuity by way of superannuation, to be paid and payable out of moneys which shall be applicable for the expenses of such hospitals respectively. The annuity so payable is not to exceed the proportions with reference to the amount of salary and the period of service which are directed to be observed by the Superannuation Act.

34. In the interpretation of this Act, save where there is anything in the subject or context repugnant to such construction, the word "officer" shall mean and include Governors, Chaplains, Physicians, Surgeons, Apothecaries, Stewards, Clerks, Superintendents, Matrons, and other officers; and the word "servant" shall mean and include Wardens, Nurses, Keepers, Landresses, Store Maids, Bendles, Gate Keepers, Porters, Messengers, and other servants.

35. In the event, therefore, of the House of Industry Hospitals and the Lock Hospital ceasing to be State-supported institutions, we apprehend that all officers and servants who come within the meaning of these terms, as used in the Superannuation clause, and whose cases may be considered worthy by the Lord Lieutenant, with the consent of the Treasury, become entitled to such pensions or gratuities as are usually awarded upon abolition of office. If this clause can be held to apply to the members of the medical and surgical staffs of the House of Industry Hospitals their cases will be provided for in the event of the abolition of their offices. But whatever may be said with regard to the cases of the two senior physicians, each of whom has a salary of £100 a year in addition to the remuneration which he receives from the students' fees, the rest of the staff are remunerated by fees alone, so that the essential element of salary, upon which pension is based, is wanting in their cases. On the other hand, it is beyond all controversy that a hospital connexion, especially a connexion with so famous an institution as the House of Industry Hospitals, is of supreme importance to a physician or surgeon. To put a monetary value upon such a connexion would be extremely difficult, but that it possesses such a value in a large degree, that is, of course, in any case where the holder of the situation is a person of ability, is sufficiently obvious. Where, however, such valuable interests are at stake it is proper that the position should be made perfectly clear, and we therefore desire to direct attention to the letters, printed in the Appendix, from Sir Joseph Lister and Sir William MacCormac, testifying to the importance of a hospital connexion, and the great injury which its loss would entail upon the professional prospects of the person deprived of it.

36. But it may possibly be objected that the mere transference of the management of the House of Industry Hospitals from a Board appointed by the Lord Lieutenant to the Guardians of the Poor, ought not of itself to necessitate the retirement of the present physicians and surgeons, or put an end to the clinical teaching which is now given in the institution. That there ought to be no such necessity is clearly the view of Dr. Joseph E. Kenny, who thought that we should recommend that Union Hospitals should be made Clinical Hospitals, with increased staffs, observing that, in his belief, the College of Surgeons would yield to such a recommendation, and, indeed, that he

did not see how they could refuse it if proper facilities were afforded, and additional hospital accommodation provided. And by way of giving point to this suggestion he added that—

"If the House of Industry Hospitals and their staff were amalgamated with and made part of the Union, the difficulty would be met at once, and there would then be a first rate teaching staff, with plenty of accommodation for the proper treatment of disease and all the appliances of modern science."

37. The questions, however, involved in this suggestion do not come within the scope of our inquiry, and are far too weighty to be considered off-hand or by a Commission not specially selected to deal with them. "There is doubtless no reason," as Professor Sigerson observed, "why there should be so grave a distinction as exists between the Union Hospitals and the General Hospitals;" but, if clinical teaching is to be given in the former, it is quite certain that the present mode of appointing the Union Medical Officers must be changed. Assuming, however, that this difficulty is removed, that the requisite accommodation is provided, that the material for clinical instruction is sufficient, and that students are willing to attend these hospitals—which last assumption implies that the clinical teaching will be so excellent as to induce them to leave the existing clinical hospitals with established reputations for the purpose of attending classes in institutions whose status has hitherto been deemed inferior—we are confronted at once with a question of very great magnitude, and one which is alone sufficient to justify us in declining to deal with Dr. Kenny's suggestion.

38. In the events which we have supposed, we may be quite certain that the voluntary hospitals could not be maintained—for the ratepayers would refuse to subscribe to their support when they saw the poor-rate visibly growing to provide for the increased accommodation needed in the Union Hospitals; nor would the industrious poor feel their present disinclination to enter the latter hospitals when they knew what improved institutions they had become.

39. That all hospitals will be supported by the rates, that what is necessary shall not be dependent upon the casual assistance of the benevolent, will perhaps be the ultimate solution of the hospital question. But this solution must be accompanied by a reconsideration of the principles upon which Poor Law relief is now given, and upon this question the valuable evidence given by Dr. Robert McDonnell will be read with great interest. Having expressed the opinion that all the hospitals should be supported out of the local rates, he went on to say that it was a great injustice to take money from the charitable and let the uncharitable off scot-free. A rate, he thought, should be imposed to meet the expense of treating all such unavoidable calamities as accidents, consumption, blindness, deafness, and the like. "This view," he observed, "which is a perfectly sound one, was adopted long since by one of our best known economists, Judge Longfield, who held that in all cases of that kind the workhouse test might be dispensed with, and that they should be treated in our institutions and paid for out of the local rates." "Those are cases," he added, "which should not be left to the casual charity of benevolent persons." Dr. McDonnell would, apparently, limit the Union Hospitals to Union patients, while the other hospitals—such of them as would be necessary for the wants of the community—would be supported by a rate in the nature of an insurance against accident or disease, and open to all persons who paid either directly or indirectly such rate.

40. Under such a system the bread-winner of a poor family, struck down by accident or disease, and so, for the moment, incapacitated from earning his living, would not be confronted with the alternative of either having to enter the Union Hospital as a pauper, or feeling himself under an obligation to the charitable for treatment in a voluntarily supported institution.

41. It might be that the incidence of this tax or insurance rate would press more heavily upon the humbler than upon the wealthier classes, but, as Dr. McDonnell remarked, there would be nothing inequitable in this, inasmuch as the former would derive all the benefit from the expenditure.

42. While, therefore, we should not feel justified in recommending that clinical instruction should be given in the Union hospitals, we have, by directing attention to Dr. Kenny's evidence upon this question, as well as to Dr. McDonnell's upon the relation between Union and general hospitals, afforded an opportunity to those who are interested in such questions for considering how far it is desirable that the views which have been so ably advanced should be adopted in the general interests of the community.

43. With reference to that portion of Dr. Kenny's evidence which deals with the

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insufficiency of the nursing arrangements and the necessity for increasing the medical staff in the North Dublin Union, we apprehend that these are matters for the consideration of the Local Government Board, which has ample power to compel the Guardians to provide proper relief for the sick poor in the Union.

44. We have already stated that we do not propose to discuss the evidence as to details connected with the management of the House of Industry Hospitals. Some of these were shown to be unsatisfactory and would call for comment if the existence of the institution was likely to be prolonged. But, whatever may have been its shortcomings, due, perhaps, in great measure to causes which it would have been hard for any board to successfully combat, it is most gratifying to us to testify to the fact that the present staff of teachers has striven earnestly and with proved success to maintain the high and long established reputation of this Institution as a great clinical hospital.

45. We cannot close this portion of our Report without directing public attention to the valuable pathological museum which is connected with the institution, but is the private property of the surgeons of the Richmond Hospital.

46. Referring to it in his evidence before the Select Committee of 1854, Sir Dominic Corrigan described it as being—"unrivalled in Ireland for its extent and importance, because it consists of preparations the results of accidents and disease which have occurred within the hospitals, and the cause, progress and treatment of which are known."

47. Where preparations are not suitable, drawings and casts are made and to each preparation, cast, or drawing, is appended the name of the case, its history, and the name of the physician or surgeon who attended it. In 1854 the museum contained about 1,000 drawings and 2,500 preparations, and since then considerable additions have been made to it. It is housed in a large building erected for its reception by the Government and it has been visited by foreigners from every part of the world.

## II.—STEEVENS' HOSPITAL.

48. Dr. Richard Steevens, a physician of eminence, living in Dublin in the early part of the eighteenth century, bequeathed his real estate, let in perpetuity and yielding an annual rent of about £600, to his sister, Griseida Steevens, for life, and after her death to trustees to build out of the rents and profits of the said real estate a hospital within the City of Dublin "for maintaining and curing from time to time such sick and wounded persons whose distempers and wounds are curable." Upon his death, which happened in the year 1710, his sister, being anxious to see his good intentions carried out in her own lifetime, gave up her life estate, reserving only £150 a year as a maintenance for herself, and purchased the plot of ground upon which the present hospital stands. The building was commenced in 1720, and by the aid of subscriptions was opened for the reception of patients in 1733.

49. In 1730 an Act was passed incorporating certain persons therein named as a body corporate and politic by the name of the Governors and Guardians of Dr. Steevens' Hospital. The good example set by the founder has been followed by other benefactors, so that this hospital possesses a larger stable income than any other in Dublin, amounting to nearly £3,000 a year, exclusive of the Government grant, the grant from the Corporation, subscriptions, and the contributions from the Hospital Sunday Fund.

50. Since 1805 this hospital has received yearly grants from Parliament, varying from £4,942 in 1805 to £945 in 1853-4. In the years 1806, 1807, 1808 and 1809, grants amounting in the aggregate to £8,152 were expended on repairs of the buildings; while in the year 1805 a sum of over £4,942 was granted for the same purpose.

51. In 1806 a grant of £500 for the support of surgical beds was voted, being the first grant made in aid of the funds of the hospital as distinguished from sums voted for building purposes, and this was augmented to £1,424 in 1812, on the suggestion of Lord Maryborough.

52. In 1820, changes having been made in the constitution of the Lock Hospital by which male patients suffering from venereal disease were excluded from it, and the Governors of Steevens' Hospital having consented at the instance of the Government to open two wards, containing thirty beds, for the reception of this class of patients, the grant was still further increased until it was fixed at £1,500 a year in 1833, at which figure it continued until 1849-50. In 1850-51 it was reduced to £1,350, in 1851-52 to £1,200, in 1852-53 to £1,050, and in 1853-54 to £945.

53. The Select Committee of 1854 were of opinion that £1,080 was necessary for the

support of the hospital, but Dr. South's Commission recommended that it should be fixed at £1,300, and this sum has been granted annually since 1856.

54. The ground on which Dr. South's Commission "thought themselves justified in submitting this increased grant was that of securing the establishment of a medical school, an object," they stated, "so much insisted upon in relation to the Dublin hospitals, and for which this hospital especially offered so many advantages." Such importance indeed did the Commission attach to the existence of a medical school in connexion with this hospital that Dr. South himself prepared a plan which he conceived to be well calculated for effecting the object in question, and the Commission stipulated in their report that, failing the execution of this project, the sum to be appropriated to this hospital should not exceed £1,080.

55. The Board assented to these terms, and on this understanding accepted the grant. Under these circumstances the fact that the medical school has ceased to exist has raised a question which, even if our Commission had not been appointed, could not be long evaded, and the remarkable document which was handed in by Surgeon Edward Hamilton shows clearly that the medical staff of the hospital realized the grounds upon which not only the increased grant was recommended by Dr. South's Commission, but also the continuance of the Parliamentary grants was justified by the Select Committee of the House of Commons in 1854.

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56. This document which was addressed to the Board of Governors of Steevens' Hospital, and signed by Mr. Edward Hamilton, Dr. Robert McDonnell, Mr. William Colles, and Mr. James Adair, was written on the occasion of a vacancy in the post of resident surgeon caused by the death of Dr. Boakey, and pressed upon the Board the importance, in the interests of the medical school, and therefore of the hospital as a public charity, of appointing to the vacant post a gentleman whose abilities as a lecturer would secure the continuance of the medical school.—

"Previous to the establishment of the school," they observed "the great resources of this hospital as a field for clinical instruction were utilized by a very small number of students, owing to its situation, so remote from the existing medical schools, and the hospital hardly fulfilled the amount of the conditions upon which the grants were made"—i.e., that the hospital in receipt of them should afford clinical instruction. . . "Without the school," they continued, "the hospital must suffer from the want of properly qualified doctors for the service of the patients, as well as the wholesome criticism which a large class of students must exercise over the vigilance and care with which the medical officers discharge their duties in the wards."

57. The prediction in this remarkable document has unfortunately been fulfilled. The medical school has ceased to exist, while the average daily number of students attending the hospital for the purpose of clinical instruction during the three years preceding our inquiry was only six, and on one occasion, as Dr. Robert McDonnell told us, the hospital surgeons, Mr. Edward Hamilton, Mr. William Colles, and himself—three of the most eminent surgeons in Dublin—when going round the hospital were accompanied only by the resident surgeon and one pupil, whereas in former years they were followed by a class of from eighty to a hundred pupils.

1037.

58. To the fact that the Medical School had ceased to exist the Board of Superintendence, in their Twenty-second and Twenty-third Annual Reports, directed the attention of the Lord Lieutenant in the most marked language, and, as those Reports are presented to Parliament, it cannot be said that the House of Commons was not fully informed as to the non-fulfilment of the condition upon which the extra £220 per annum had been recommended by Dr. South's Commission.

59. Dr. Grimshaw, in his evidence on behalf of this hospital, implied that objection ought properly to be taken only to that portion of the grant (£220) which Dr. South's Commission recommended should be given in connexion with the Medical School, contending that the rest of the grant was given on account of certain services which had been rendered by the hospital to the Government.

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60. He stated, in support of this contention, that the cost of maintaining the Coast-batalary patients had been about £2,600 a year, while they had contributed only about half that sum, and that, when he represented this to the Government some years ago, he was informed that the hospital had received a grant of £1,300 a year, and that they had no right to complain. He also stated that the upper wards of the hospital had been reconstructed at an expense of £6,000, practically for the purpose of providing accommodation for Coast-batalary patients. But, assuming that this was the case, there must be set-off against this expenditure the very large sum granted by the Government for repairing the building at the beginning of the century.

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61. He further stated that the hospital was bound, in consideration of the grant, to provide a venereal ward which was still in existence. But while we do not dispute that the accommodation so provided was taken into consideration when the amount of the

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grant was increased, about the year 1820, we believe that it did not affect the recommendation made by Dr. South's Commission, whose distribution of the Parliamentary Grant was made "with reference more particularly to the advancement of medical science," i.e., with a view to encouraging those hospitals which afforded medical instruction. Nor can we admit that the alleged fact that the Constabulary patients cost twice as much as they contributed, entitles the hospital authorities to regard any portion of the grant since 1856 as being in the nature of a set-off for services rendered to such patients.

62. The Governors were under no obligation to receive these patients while, if they were clearly of opinion that their reception interfered with that of a class of patients whose cases would have been better suited for the purposes of clinical instruction, we think that they would have been fully justified in terminating their contract with the Government, nor would the latter on that account have been justified in interfering with the allocation of the grant. But assuming that the Constabulary patients yielded cases as suitable for clinical instruction as those of other patients, their admission was a source of income to the hospital, to the extent of the amount which they contributed, and this would seem to have been more than the cost of their "maintenance." We have ascertained from the Tables given in the Annual Reports of the Board of Superintendence, that for the ten years, from 1874 to 1883, the average annual cost per bed at this hospital for "maintenance" was £22 9s. 2½d., while during this period the Constabulary patients contributed 1s. 4d. per day, being at the rate of £25 5s. 4d. per bed per annum. Since 1884 Recruits from the Depot have been paying at the rate of 1s. 10d., married men, 1s. 4d., and all other Constabulary patients 2s. 3d. per day.

63. We can understand that if the Governors held that their funds ought to be altogether devoted to the treatment of poor patients it will be impossible for them to receive pay patients who do not contribute the whole cost of their maintenance without curtailing their means of aiding the poor. Given a certain number of beds which the hospital can maintain out of its revenue, and that the amount contributed by a Constabulary patient meets only half the cost of maintaining a bed, it follows that the admission of every two Constabulary patients will result either in the number of beds available for poor patients being reduced by one, or in the hospital becoming indebted to the amount required to support one bed. If the Governors adopted the first course, which we may assume that they did, it is quite clear that the admission of Constabulary patients could not have involved them in any pecuniary loss, though it may have obliged them to refuse admission to many poor patients.

64. Holding then that the Governors could not, or at any rate ought not, to have lost money in the sense of going into debt by receiving the Constabulary patients, we cannot admit that the grant, *inasmuch* that portion of it given specifically on account of the medical school, was intended to recoup, so far as it might go, the cost of these patients. This conclusion is supported by reference to the main grounds upon which the Select Committee of 1854 justified their recommendation in favour of continuing the grants to Dublin hospitals, and which Dr. South's Commission had specially in view when framing their Report. These grounds cannot be better stated than in the concluding words of the Report of the Select Committee, which declared that "the withdrawal of these hospital grants would, in the opinion of your Committee, occasion the ruin of this great Educational system; and, at a time when Parliament has shown so munificent a disposition towards the diffusion of knowledge and the encouragement of science and art, your Committee hope that it will not hesitate to provide an adequate sum for the development of that science which is most beneficial to mankind."

65. On the other hand we are quite free to admit that the Reports of the Commissioners appointed in 1830 and 1842, to inquire into certain Charitable Institutions in Dublin, as well as the evidence given before the Select Committee of 1854, and the admissions in the Report of that Committee, do certainly tend to show that the grants from 1812 until 1854 were for services rendered by the hospital, though we do not hesitate to say that in our opinion these grants, which amounted during that period to over £63,000, being at the rate of more than £1,500 a year, amply repaid such services.

66. This hospital, as has been already said, is managed by a corporation which consists of twenty-two members, ten of whom are *ex-officio* and twelve elected.

67. The *ex-officio* members are the Primate and Archbishop of Dublin of the Protestant Episcopal Church, the Dean of Christ Church and the Dean of St. Patrick's, the Lord Chancellor, the Lord Chief Justices of the Queen's Bench and Common Pleas and the Lord Chief Baron, the Provost of Trinity College and the Surgeon-General. A glance at these titles is sufficient to show that this hospital is a Protestant foundation, and undoubtedly its property has been entirely derived from Protestant benefactors, while that

portion of its income which is made up of subscriptions and the Hospital Sunday Fund comes likewise from Protestant sources.

68. On the other hand, as we have shown above, the State has contributed largely to its maintenance since the beginning of the century, and the Corporation of Dublin has also made an annual grant to it. While, therefore, we fully acknowledge that the Governors would be quite within their strict rights in refusing to join in any scheme which might by giving the whole community an interest in its management affect its character as a Protestant institution, and in deciding to maintain the hospital henceforth out of its own funds, we nevertheless think that they would be acting in the best interests of the hospital, and certainly in a wise and generous spirit by helping to promote any changes in their constitution which would make this noble foundation what Dr. Stevens surely intended it to be—a national institution. It was his “will” that “his trustees and their heirs should manage the hospital to the best advantage.” When he was alive the political circumstances of the country confined the nation within the limits of a sect. It was therefore impossible that the original corporation should have included persons not professing the dominant creed, and although those circumstances have long since changed, their effects are still to be seen in the constitution of such boards as the governing bodies of this hospital and of the Rotunda Lying-in Hospital, which was also founded in the first half of the eighteenth century. It is true that the change in the political circumstances has through the *ex-officio* members worked also a change in the constitution of these boards. It is possible, for instance, that five of the ten *ex-officio* Governors of Stevens’ Hospital might at the same time be Roman Catholics. But *ex-officio* members rarely interfere in the administration of the board with which they are connected. It is almost impossible, therefore, for a board constituted as this is to shake off its original character.

69. The total income of this hospital for the year preceding our inquiry was £6,134, of which over £2,900, or nearly one-half, was derived from the rents of houses and lands and the interest on monies invested, £1,300 represented the Parliamentary Grant, £150 the grant from the Corporation, £1,196 was derived from pay patients, principally members of the Constabulary, £182 from the Hospital Sunday Fund, and £296 from subscriptions.

70. The average number of beds daily occupied in the year was ninety-four, and the total average cost per bed was £67 7s. 5½d., of which £28 2s. 1d. was spent on the maintenance of the patient.

71. The hospital appears to be very well managed, and the nursing arrangements are 4331. exceptionally good.

### III. MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

72. This institution was originally known as the Meath Hospital and, as we learn from the Act 13 and 14 George III., cap. 43, which constituted it the Infirmary for the County of Dublin, was erected “at a place called the Comb, in the County of Dublin, at an expense of two thousand pounds and upwards” contributed by private subscriptions.

73. We also learn from this Act that the several persons who had subscribed for the erection of the hospital “were willing without fee or reward to give up the building with all its furniture, utensils, and appurtenances, to the use of the said County for ever.” Accordingly it was enacted that “the said building, called the Meath Hospital, shall from and after the twenty-fourth day of June, one thousand seven hundred and seventy-four, be created and founded, erected and established the hospital or infirmary for the said County of Dublin.”

74. Subsequently, another site was selected and the present hospital was built, at a cost of £12,876, partly contributed by private subscriptions, including £4,000, the gift of one individual, and partly by a grant from the Grand Jury of the County.

75. Since its establishment as the County Infirmary this hospital has been in receipt of a grant of £100 Irish (£86 17s. 5d.), being “the annual sum or salary usually granted to the physician and surgeon in a county infirmary” under 5, George III., cap. 20. In the case, however, of the Meath Hospital it was provided by the Act which established it as the Infirmary that this sum should be “paid and appropriated to the maintenance and general fund for necessities in the hospital.” It is also provided by this Act that in all other respects the Meath Hospital shall be subject to the like rules and regulations as the other county hospitals mentioned in the 5 George III., cap. 20, “save only that the present physicians and surgeons of the said Meath Hospital

shall be appointed the physicians and surgeons of the said intended infirmary for the County of Dublin"; and that it may be lawful for the said (*i.e.* the present)—

"Physicians and surgeons, or a majority of them, to elect a physician or surgeon in the room of any physician or surgeon who, from time to time, by death, removal, or otherwise shall make a vacancy in said hospital, in consideration of their having served said hospital gratis these seventeen years past, and their having had a principal share in the support thereof during that period, and in erecting the said building, as well as the relinquishing on behalf of themselves and their successors in said hospital, all claim or title to the annual salary of £100, which they otherwise would be entitled to in consequence of said Act."

76. We have quoted the exact words of this provision because the relinquishment by the original staff of physicians and surgeons on behalf of themselves and their successors of all claim or title to this annual salary of £100 has been always put forward by the medical staff apparently as the ground upon which they have been empowered to elect to vacancies in their number. We think, however, that it is quite plain that no such power was conferred by the Act upon the successors of the then existing physicians and surgeons, and that, if the Act does not clearly make provision for future appointments after the original staff had disappeared, such provision was made by a subsequent Act, 15 and 16, George III., cap. 31, which was passed to remove all doubts as to the application to the Meath Hospital of certain provisions of 5, George III., cap. 20, and which accordingly created a corporation for the government of the Meath Hospital similar in constitution to and with such powers as those conferred upon the corporations created in other counties by 5, George III., cap. 20, for the management of the county infirmaries. Under these powers the Governors of the Meath Hospital would have been the authority to elect to vacancies in the medical staff upon the extinction of the original members thereof. Whatever, therefore, may have been the practice in the interval between the passing of the Act, 15 and 16 George III., cap. 31, and of the Act to which we are now about to call attention, there can scarcely be a doubt that the successors of the original physicians and surgeons were not the persons legally qualified to elect to vacancies in their staff. There has, however, been no occasion since 1815 for the medical staff to seek for a ground upon which to justify the power which they exercise, inasmuch as under the provisions of a private Act passed in that year, 55 George III., cap. 81.—"An Act to amend several Acts for the management and direction of the Meath Hospital or County of Dublin Infirmary, and for the better regulating the same"—the physicians and surgeons of this hospital are empowered to elect to vacancies in their number.

77. We can, however, quite understand the anxiety of the medical staff to look around for some consideration given by them for the privilege which they exercise beyond the mere fact that it was granted to them by a private Act. But in the first place the relinquishment by a staff of eight persons of a sum which, if divisible amongst them, would give each only about £10 a year, is hardly a sufficient consideration for the concession of so great a privilege, while it is quite plain from the terms of the 13 and 14 Geo. III., cap. 20, that the main consideration for which the privilege was given to the original physicians and surgeons of the hospital was that they had served the hospital gratis for many years, and had had a principal share in the support and erection of the original building.

78. Moreover, it is to be noted that the salary of £100 Irish "usually granted" to the physician and surgeon of a county infirmary under 5, Geo. III., cap. 20, and the relinquishment of all claim or title to which was one of the considerations for the concession to the original staff of this hospital of the right of electing to vacancies in their number, has, as regards all the other counties, ceased to be payable under the provisions of the "Medical Charities (Ireland) Act, 1831," in the case of any new appointment made after the passing of that Act.

79. Seeing then that no consideration was given by the physicians and surgeons of this hospital for the privilege conferred upon them by the Act of 1815, we are at a loss to understand why that Act should have made a distinction between the Infirmary for the County of Dublin and all other county infirmaries in this most important particular of management. But whatever may have been the reason, we cannot hesitate to condemn this mode of appointment, which must tend to limit the selection of candidates to persons who had been trained in the hospital (as, indeed, was admitted by Surgeon W. H. Porter in his evidence before the Select Committee of 1854), and, by so narrowing the field of choice, must likewise tend to lower the standard of excellence among the staff, with the almost inevitable, because natural, result that in the event of a contest the candidate of average will be preferred to him of exceptional capacity.



80. The fact that this hospital is the County Infirmary, and as such a public institution in the largest sense of the phrase, furnishes an additional argument, if indeed one were wanted, against the present mode of appointing to vacancies in the medical staff. In such an institution it is imperative that suspicion even of favour or affection being shown in the selection of candidates shall be absent.

81. This hospital has been in receipt of a further annual grant from public funds since 1828. "In 1826 and 1827," to quote from the evidence of Surgeon W. H. Porter before the Select Committee of 1854, "fever was dreadfully rife in Dublin, and the Government built wooden sheds and pitched tents on the grounds of the Meath Hospital, which accommodated above 200 patients; they also employed the vacant wards in the building itself for convalescent patients." Subsequently an arrangement was made by the Government with the hospital authorities by which "thirty-six beds were to be placed at the disposal of the Lord Lieutenant, to be occupied in such manner as might appear best adapted to prevent the spreading of fever in Dublin," and it was distinctly provided that "no charge should be made except for these beds which should be occupied by fever patients, as the sum to be granted was to be applied exclusively to the support of such patients."

82. This arrangement came into effect in 1828, and from that date until 1856-7 annual grants were made to the hospital, varying in amount from £3,597 to £567. Since the latter date the grant has been fixed at £500, being the sum recommended by the Select Committee, and approved by Dr. South's Commission.

83. The original condition upon which the grant was given by the Irish Government—viz., that it should be solely appropriated to the relief of fever patients—was clearly recognized by the Select Committee; and Dr. South's Commission, when endorsing the recommendation of the Select Committee with respect to the amount to be allocated to this hospital, took care to add that it "should be applied as heretofore to the maintenance of thirty-six beds for fever patients." The arguments, therefore, which we have made use of in support of our opinion that the Parliamentary grant to Cork-street Fever Hospital cannot be defended equally to the case of the grant to the Meath.

84. The income of this hospital for the year under review, according to the return furnished to us, was £5,246, and the expenditure £5,430. The income was derived from the following sources:—Parliamentary grant, £685 17s. 5d. (including the allowance originally granted under 5, George III., cap. 20, but now voted annually by Parliament); County Assessment, £600; Corporation grant, £300; interest, rent, annuities, £320; subscriptions, £2,518; bequests, £120; Hospital Sunday Fund, £483.

85. The large amount received in subscriptions is extremely gratifying, and bears testimony to the zeal and energy of every one connected with the hospital.

86. The popularity which this hospital has always enjoyed as a school for clinical instruction still continues, if we may judge by the large attendance of students—the average annual number on the books for the three years prior to the inquiry having been 105, and the average number actually attending daily, 54.

87. The nursing arrangements, which had been very defective, have been greatly improved within the last few years, and are now under the control of a Lady Superintendent.

88. The hospital is administered by a Standing Committee of twenty-one persons, selected by election from the Life and Annual Governors at a meeting held annually.

89. The average daily number of beds occupied throughout the year was eighty-three, and the gross annual average cost per bed was £50 6s. 7½d., of which sum £18 3s. 0½d. was expended upon the maintenance of the patients.

#### IV. THE ROTUNDA LYING-IN HOSPITAL.

90. We quote the following account of the origin of this institution from the report of Messrs. LaTouche, Disney, and Retlay, to which we have already referred:—

"This establishment was originally planned and carried into effect by Doctor Bartholinus Moosa, under whose auspices a house for the reception of a few poor lying-in women was first opened in Great George's-street, in this city. The present hospital in Great Britain-street was erected by the enthusiastic exertions of the same humane individual, who surmounted innumerable difficulties and personal hardships to the ruin of his pecuniary circumstances, in accomplishing his great design. It was incorporated by Charter in 1796, and patients were first received into it in the latter end of the year 1797; and in the following year, it appears, by the registry kept at the hospital, that no less than 454 women were received into it, and obtained that relief which their situation required."

## 91. We find it stated in the Report of 1829, that—

"The hospital was built principally by funds raised by lotteries and private donations, under the management of the late Doctor Bartholomew Moss, who brought the sum of £8,165 from the funds of a temporary hospital which he had fitted up in George's-lane and applied it to the building of this hospital."

It is also stated in this Report, that—

"Several Parliamentary grants were received after the hospital was built for the purpose of discharging debts incurred in the building."

while according to the evidence given to the Select Committee of 1854, by Mr. Strickland, who was registrar of the hospital at the time, these grants were made between the years 1756 and 1765 inclusive, and amounted in all to the large sum of £23,000, exclusive of grants amounting to £2,500, which were made to Mrs. Moss, the widow of the founder, presumably on account of the great pecuniary sacrifices made by her husband for the benefit of the institution.

92. These figures would show that a sum of about £31,000 was expended upon the erection of the building, exclusive of such sums as may have been raised by lotteries and subscriptions. We have not been able to ascertain the amount so collected but even assuming that it was considerable, it is nevertheless tolerably certain that a very large, if not the larger portion of the expenses in connection with the building was defrayed out of moneys voted by Parliament.

93. With the exception of these sums for building purposes it does not appear that any further grants were made to the hospital by the Irish Parliament.

94. But by an Act passed in 1785, 25 Geo. III., cap. 43, entitled, "An Act for the completing and effectually lighting and watching Rutland-square, and for the better support and maintenance of the Hospital for the relief of poor lying-in women in the City of Dublin, &c., &c.," certain privileges were created in favour of the Governors through which a substantial income has been realised by them ever since.

95. This Act, after reciting that the hospital for the relief of poor lying-in women in the City of Dublin has hitherto received an insufficient and precarious support, and inadequate to the extensive purposes of said charity, and that the advantages derived from the said charity were mostly limited to the metropolis, and its funds principally arose from public entertainments which its gardens and Rotunda afforded to the inhabitants thereof, proceeded to impose an "additional" duty of 35s. 6d. upon every private sedan-chair (there being already a duty of the same amount upon these chairs in favour of the Foundling Hospital and Workhouse), which said additional duty was to be paid to the Governors of this hospital.

96. By another provision in this Act a "permanent fund" was created for lighting the lamps on the rails enclosing the gardens, and before the houses in Rutland-square, "and likewise for promoting the benefit of the hospital," which fund was to be raised by a tax assessed at certain specified rates upon each house in the square, and to be paid to the Governors and Guardians and their successors for ever. The effect of this latter provision was to impose upon the Governors the duty of lighting the lamps, and to allow them to apply for the benefit of the hospital the difference between the expense so incurred and the amount collected by the tax. The profit derived from this tax for the year 1884-5 was £191 16s. 3d., the gross amount received having been £348 9s. 2d.

97. This Act also enabled the Governors to raise by mortgage of the duty of thirty-five shillings and sixpence for every private sedan-chair, or of any part thereof, any sum or sums of money not exceeding in the whole the sum of five thousand pounds to be by them expended in completing the building (Rotunda Rooms) which had already been begun by private subscription on the ground belonging to the hospital and which, the Act provided, "should when finished be for ever applied by the Governors for the time being to increase and secure the maintenance of the hospital."

98. A subsequent Act, 30 Geo. III., cap 36, enabled the trustees of any charity or charitable foundation, being a body corporate and actually seized, possessed of, or by law entitled to, any duty or duties which had been theretofore granted and appropriated by Parliament for the better support and maintenance of the charity, and on the credit of which any sum not less than five thousand pounds had been borrowed at interest, to raise and borrow by loan on debentures any sum or sums of money whatsoever at any rate of interest not exceeding the rate of four pounds per cent. per annum, provided that no sum to be borrowed by any such corporation be greater than a sum the interest of which at the rate aforesaid shall not exceed the net amount or produce of such duties exclusive of any other revenue certain or casual.

99. As a further security to lenders, and indeed, it must be presumed, with the view of inducing persons to lend at the low rate of interest offered, it was provided by the Act that in case of default by the charity, the debenture-holders should be entitled to look to the Treasury for payment of the interest in arrear, while to protect the Treasury it was likewise provided in such event that the Crown should be reprimed and should recover and receive out of the funds arising on any real, freehold or personal estate belonging to the corporation in default so much money as should have been paid by the Treasury in discharge of the interest on the debentures, excepting estates, grants or donations given to the corporation by any private person, and that henceforth so much of the funds of the corporation, not arising out of such estates, as should be equal to the interest payable on the debentures at the rate of five per cent. per annum should stand vested in the Crown, and should be paid into the Treasury as a fund for the discharge of future interest.

100. It appears to us, however, that in the event of a default by the Governors of this hospital it would not be easy to find any funds belonging to the charity which were not included within the excepted property.

101. Under the powers conferred by this Act the Governors borrowed £11,000 upon debentures, including the sum of £5,000, which they had been authorized to borrow under 25 Geo. III., cap. 43. And as the interest upon the sum at 4 per cent. is £440 per annum, it is clear that the income derived from the duty upon sedan chairs must have yielded at least that amount. The income, however, so derived, did not long continue at this figure, for we read in the Report of 1809 that "this charge for interest (i.e., on the debenture debt of £11,000) makes an item in the yearly expenditure of the hospital to this day of four hundred and forty pounds, although the chair tax, which was intended to cover that demand, has now fallen to ninety pounds per annum." But, as a compensation for the loss of income from that source must be set off the profits derived from the Rotunda or Assembly Rooms which had been built by means of the money borrowed on the security of the duty and of the Treasury. These profits yielded a net income of one thousand four hundred and fifty pounds for the three years preceding 1798; but, in consequence of the events which followed that period, they had declined to an average of about £300 a year during the three years prior to 1809, and are at present not much in excess of that sum.

Rep. of 1809  
p. 61.

102. After the Union the income of the hospital, derived from the duty on sedan chairs, and the net profits from the Rotunda Rooms, as well as from voluntary subscriptions, seriously declined, while the Governors, "in compliance with a solemn remonstrance from the Society for Discouraging Vice, relinquished the most lucrative fund which they had ever devised—the Sunday Evening Promenades." In these circumstances the Governors, at the suggestion of Lord Hardwicke, the then Lord Lieutenant, petitioned Parliament for relief, with the result that a grant of £2,619 was made to the hospital in 1803. From that date until the present time sums have been voted annually for the support of the institution, amounting in the aggregate to £125,600, and yielding an average income of over £1,500 a year. At first the grant was equivalent to the excess of expenditure over income, and averaged between 1803 and 1837 close on £3,000 a year. Since 1856 it has been fixed at £700, being the amount in effect recommended by the Select Committee of 1854, though their proposal was that the Government should take upon itself the payment of the interest on the debenture debt, which at that time amounted to about £400 a year, and that in addition an annual sum of £300 should be granted by Parliament.

Rep. of 1809  
p. 61.

103. The Committee observed that—

"Taking into consideration the great usefulness of this institution as a charity, the excellence of its management, its long existence, and the absolute necessity that good practical instruction in midwifery should form part of medical study, they are of opinion that great advantage would arise if Government took upon itself the payment of the interest on the debentures."

104. This proposal, however, was not adopted, and in connexion with it we may at once say that, far from endorsing it, we consider that as the Governors have invested capital wherewith they could, if there were no legal objections, discharge this debt, which has now been reduced to £7,500 pounds, Irish, they should be empowered by legislation, if necessary, to apply a portion of their capital to that purpose, while in any case we recommend that if our proposal be adopted the Treasury shall be relieved of the liability imposed upon it by the 36th Geo. III., cap. 36.

105. The management of the hospital is regulated by the terms of the Charter dated the 2nd December, 1756, and is vested in a corporation which "shall never be more in number in the whole than sixty Governors and Guardians." Of these sixty Governors

eleven are *ex-officio*, viz. :—The Lord Lieutenant, the Protestant Archbishops of Armagh and Dublin, the Lord Chancellor, the Commander of the Forces, the Duke of Leinster, the Dean of St. Patrick's, and Archdeacon of Dublin, the High Sheriff, and the Recorder of Dublin.

106. Prior to the Act of Union the Speaker of the House of Commons was an *ex-officio* member of the Board.

107. The *ex-officio* constitution of the Board stamps the national character of the institution, and testifies to the importance in which it was held by the Legislature. It is true that the clerical element on the Board is representative of only one religious creed, but it must be remembered that when the Charter was granted not only was the Protestant the established church, but, politically speaking, the nation was confined to persons professing that faith. Therefore, though the Board as at present constituted is by no means representative of the nation, yet its *ex-officio* constitution plainly indicates the intention of the Legislature. We shall have occasion to refer to this question at a later stage of the report.

108. The Charter sets forth that the hospital was established as—

"A means (1), not only of preserving the lives and relieving the miseries of numberless lying-in women, but also of preventing that most monstrous (though too frequent) practice of abandoning, or perhaps murdering new-born infants; (2), of preventing such gentlemen as intend to practice midwifery in the Kingdom of Ireland from going abroad for instruction, and (3) of preventing the unhappy effects owing to the ignorance of the generosity of country midwives, by affording instruction to women, who, when duly qualified, may settle in such parts of the kingdom as most stand in need of such persons."

109. These two objects—the relief of suffering and the advancement of medical knowledge have been attained in a marked degree in the case of this institution.

110. It is needless for us to speak of its usefulness as a Lying-in Hospital, but it will be of interest as well as gratifying to refer to evidence showing the high reputation which it has always borne on the Continent as a teaching centre.

111. In his evidence before the Select Committee of 1854, Dr. William Daniel Moore read extracts from the writings of foreign medical men embodying their views with reference to the Medical School of Dublin. The first testimony which he read was that of Professor Levy, of Copenhagen, who was sent over by the Government of Denmark to report on the system of obstetric instruction in London and Dublin. Having given a detailed description of the several Midwifery Hospitals of the former city, and spoken of their favourable sanitary condition the author deploras the great deficiency of opportunity in London for obstetric education, and then observes—

"As an extremely interesting contrast I now rejoice to be able to conduct the reader to Dublin, where, we not only find one of the largest and best lying-in institutions in Europe, but where at the same time instruction forms an essential part of the working of the obstetric establishment."

112. Dr. Michaelis, of Kiel, shortly afterwards confirmed Professor Levy's testimony by publishing a translation of his essay in place of any original observations of his own. Professor Faye, of Christiania, also spoke in high terms of the Rotunda Hospital, while Dr. Arneth, of Vienna, bore testimony to the character of the Dublin School in general and the obstetric department in the following terms :—

"One of the principal attractions of the Dublin School, which is so highly esteemed on the Continent, and which has of late years, through Cammichael, Steiner, Graves, and Corrigan, drawn so much attention to itself, is the great Lying-in Hospital, which in the number of births is indeed inferior to our Institute, but about equals the Pueraria Materna and the establishment at Prague. The Dublin School of Midwifery is, properly speaking, the only one of importance in Great Britain."

Dr. Arneth then went on to describe—

"The admirable arrangements, the extreme cleanliness, and excellent ventilation of the Dublin Hospital by which under Providence a mortality infinitely less than that of the Austrian and Prussian institutions and considerably below that of the small Lying-in Hospital in London had been attained."

113. Other distinguished men, Germans, Italians, and Americans, have borne like testimony.

114. It is true that Dr. Moore's evidence was given more than thirty years ago; but, while the systematic instruction given in the great foreign schools has borne rich fruit in the interval, the fame of the Rotunda Hospital is still world-wide, and attracts thither students from all quarters of the globe. This high reputation which the exertions and abilities of former masters have won for the institution, both as an hospital and a teaching centre, is fully maintained by the present master, Dr. Arthur V. Macan, who, having been a student in Vienna and Berlin, is well aware of the importance of keeping pace with the progress of modern science.

115. According to his evidence, the teaching power of the hospital would appear to have increased of late years. When he held the office of Assistant Master, in 1874, the number of cases in the house was 1,593, while in 1884 it was 1,774, showing an increase of nearly 200 cases. In the dispensary which is held every morning the number of cases treated in 1884 was 8,740, as compared with 3,003 in the year 1874, being an increase in the eleven years of nearly 300 per cent. 2043.

116. The out cases of midwifery—persons attended by the hospital staff in their own homes—numbered only 95 in 1874, while in 1884 they numbered 1,629. In connexion with these figures it is satisfactory to find that this greatly increased work has been effected at a very little increase of cost, because the increase of work has been for the most part confined to the dispensary and extern maternity departments, the administration of which involves only an expenditure of £50 for the clinical clerk's salary, £20 for the apothecary, and the cost price of the medicines issued, so that practically the expenditure on these departments is not £100 a year above what it was ten years ago. 2043.

117. Whether, then, we regard this hospital as an institution for "preserving life and relieving misery," or in its world-wide character as a great teaching centre, we believe that it would be difficult to find another institution in Dublin more deserving of public support. It is pre-eminently a national institution, and as such should commend itself to all classes and creeds. It will be interesting, therefore, to consider how far this support is accorded to it, and this brings us at once to the financial position of the hospital.

118. According to the abstract of income and expenditure for the year ending the 31st March, 1885, being that to which reference was made in the evidence, the income amounted to £3,132, and the expenditure to £3,170, leaving a debit balance of £38.

119. The income was classified under the heads of constant and variable. Under the former came the Government grant of £700, the Corporation grant of £300 (since reduced to £250), interest, annuities, and rents, £663. Under the second head were subscriptions, £454 (including subscriptions and donations paid by governors to qualify them for their position); receipts from patients in pay-wards, £221; Hospital Sunday Fund, £157; profit on Rotunda rooms and gardens, £332; and Rutland-square tax, £191.

120. These figures show that about one-third of the income is derived from public sources—the Government and the Corporation grants and the Rutland-square tax—that the amount raised by subscriptions is small having regard to the great value of the institution, and that, if things remain as at present, the withdrawal of the Government grant would seriously impair the efficiency of the hospital. 2105; 2109.

121. It seems to us, however, that the income derived from subscriptions would be capable of considerable expansion if only the sympathies of the public generally, and not merely one section of it, could be enlisted on behalf of this great national institution. 2110.

122. A glance at the list of subscribers is sufficient to show us that, at present, these belong for the most part to the Protestant section of the community; nor is this to be wondered at when it is remembered that there is but one Roman Catholic among the fifty elected Governors, and that he has been only recently chosen.

123. That this should be the case in an institution in which ninety per cent. of the patients are Roman Catholics, and which from its foundation has received so large a measure of State and Municipal aid, may well create surprise. But the explanation is to be found in the terms of the Charter by which the Governors are limited in number, and have the sole power of electing to vacancies. With such terms it was almost inevitable that the original character of the Corporation would be perpetuated, and when we remember the date of the Charter we need not be surprised that the Governors nominated therein were all of the Protestant faith. Where the electors are all of one creed, it may be presumed that persons of another creed will be slow to present themselves for election, and that, *ceteris paribus*, the candidate of the electors' creed will be preferred in every case where a contest takes place. 2114.

124. On the other hand, we regret that the Governors should have taken no steps to amend their Charter in this respect, notwithstanding the strongly expressed opinion of Dr. South's Commission, which indeed, we regard as the statement of a condition upon the fulfilment of which should depend the allocation of the grant recommended by them. Dr. South's Rep. p. 11.

125. The Commissioners considered that the number of the Governors should be unlimited. They were aware that to effect this change an alteration of the Charter would be necessary, but they saw no reason why such an alteration should not be made, and they hoped that no obstacle would be opposed by the then body of Governors in the way of an improvement which appeared to them to be imperatively

called for. Having then called attention to other points in which they thought that the conduct of the institution required to be improved they added that "if these improvements (one of them being the amendment of the Charter with respect to the number of the Governors) be fairly carried out, this institution will be entitled to rank with the first of its class in Europe and will be well worthy of public aid, and we submit that, *under such circumstances*, a grant of £700 per annum should be allocated to it." Notwithstanding this strong expression of opinion and the more than implied condition upon which the allocation of the grant should depend, no steps have been taken by the Governors to amend their Charter, while the Board of Superintendence contented themselves by stating in their first Report to the Lord Lieutenant in 1858, that "the recommendation of the Committee of the House of Commons that the number of the Governors should be unlimited, cannot be effected under the present Charter."

126. But, as we have already stated, this objection had been met by the Commissioners, and we regret, therefore, that the Board of Superintendence did not report to the Lord Lieutenant, as they would have been fully justified in doing under the ample powers conferred upon them by sec. 18 of 19 & 20 Vic., cap. 110, that in their opinion the grant should be suspended until the Governors had taken steps to comply with the recommendation of the Commissioners.

Recommendation.

127. In connexion with this matter we have only to add that, in the event of our recommendations being accepted, we consider that an amendment of their Charter by the Governors of the Rotunda Hospital should be a condition precedent to the hospital being entitled to any share in the Parliamentary fund.

128. It may be objected that with an unlimited Board of Governors the management of the institution would prove unworkable; but in recommending that the number of the Governors should be unlimited, Dr. South's Commission contemplated of course the appointment of a Managing Committee, to be elected by the general body of the Governors.

129. The Master is elected by the Governors. The charter provides that he shall be "some experienced practitioner in midwifery," and that "no one person, however deserving, shall be capable of being elected Master who has been Master for seven years, either successively or at different times, but amounting in the whole to seven years." He has the entire medical charge of all the patients in the hospital, and the general superintendence of the whole institution and of all the officers connected therewith.

130. The fact that the appointment to so important and lucrative a post is vested in a limited board, as well as the circumstance that it is known when a vacancy will occur, offer a strong temptation to intending candidates to influence their supporters amongst the public to go forward for election on the Board by undertaking to pay for them the qualifying subscription.

131. That vacancies on the Board had been formerly filled in this way is not denied, for the attention of Dr. South's Commission was directed to the practice by a letter addressed by the late Sir Frederick Shaw to the Lord Chancellor.

132. In this letter Sir Frederick Shaw, who, as Recorder of Dublin, was an *ex-officio* Governor, intimated to his Lordship, who was Vice-President of the Board, that a resolution which he had proposed with a view to putting a stop to the practice, and which he thought would have passed as a matter of course, had been defeated, and that the practice had been defended principally on the ground that it increased the funds of the institution. The ground was a strange one, for it implied a belief on the part of those who put it forward that owing to the indifference of the citizens with regard to the welfare of such institutions as this vacancies on the Board would not be filled if candidates for the Mastership were deterred from finding the funds for those who were willing to support them.

133. Such a practice exhibits the purchase system in perhaps its worst possible form, and although it is our pleasing duty to state that the present distinguished Master owes his appointment solely to merit, it is obvious that so long as the present constitution of the Board exists the temptation to recur to the practice will continue.

134. The Master is provided with apartments in the hospital, and is remunerated by the fees which he receives from the pupils, male and female, and his two Assistants, and which are "settled and determined by him according to his own discretion."

135. During the evidence a discussion arose as to whether it might not be a better arrangement to pay the Master a fixed salary and to apply the fees towards the maintenance of the institution. The result of the discussion, however, was to convince us that the present arrangement is the best, both in the interests of the patients and of clinical teaching. It is true that in an institution of this kind, which can have but few competitors, there must always be a class of students, and that the teaching would have

to be very bad before there was any large falling off in their numbers; but the size of the class, and consequently the amount of the income derived from fees will ultimately depend upon the reputation of the hospital as a clinical school: if, therefore, the Master were to be paid a fixed salary at all adequate to his responsibilities it might happen that the income from pupils' fees would not exceed, if indeed it did not fall short of the salary, for it is but natural to suppose that, if he knew that by increased exertions he would derive no corresponding increase of income, he might content himself with a sufficient performance of his duties and seek to supplement his income by a more extended private practice.

136. In arriving at this conclusion, we believe that we are supported generally by the medical profession, and by those of the lay public whose experience of hospital management entitles them to offer an opinion upon the question.

137. The provision in the Charter limiting the Master's term of office to seven years is, we think, radically bad. Upon this point, though not referring particularly to the Rotunda Hospital, Dr. John South has expressed so much better than we can the objections to this hard-and-fast rule that we prefer to give his exact words rather than any paraphrase of them by ourselves.

138. We quote from the paper which he wrote as an appendix to the Report of the Commission of which he was a member:—

"In some of the Dublin hospitals a very objectionable law exists, by which the medical and surgical officers are appointed for a term of seven years, with a possibility of re-election, for a like term, but no longer. This plan has been adopted under the plausible pretext of affording to the younger practitioners an opportunity of enjoying hospital experience, which they could not otherwise obtain. But it is only a doubtful advantage gained at a great benefit lost. Hospital physicians and surgeons, like comrades at the bar, are those to whom the loss experienced, less able, and less intelligent members of the profession will naturally look up for aid. If then, after these few years of hard and anxious labour, constantly beset with danger, the physician or surgeon who has just had sufficient time, experience, and standing to make his professional opinion begin to be of value, be displaced, his removal from the practical field which he is now turning to the best use for himself and the public, will tend only to bring all the members of the profession to an unmeasured and justly undervalued mediocrity. Besides if the experienced physician or surgeon is to be removed every seven or fourteen years, how is clinical teaching, putting aside the best medical treatment and the best performance of surgical operations, to be carried on by those who have comparatively little or no personal experience; or how can they keep up such knowledge as is necessary to render them fit examiners of those who seek the diploma of the several branches of the profession."

139. On the other hand, we think that if the public opinion of the profession will not suffice to compel physicians and surgeons to quit their hospital posts when, by reason of advancing years or failing vigour, they are no longer in the front rank as teachers or operators, the Governing Bodies of the hospitals should fix a limit of age beyond which such posts might not be retained.

140. There are two Assistant Masters who are appointed by the Governors upon the nomination of the Master, and who, as we have said, pay the latter such fees for their posts as he may "settle and determine."

141. The Charter provides, "That no one person shall be continued Assistant to the Master longer than the space of three years." It also provides, that "in all elections of Master of the hospital, regard be always had and preference given to such as have been Assistants to the former or any Master of the hospital, and that in proposing and appointing all future Assistants, regard be always had and preference given to such as have been instructed in the said hospital."

142. The practice of exacting a fee from the Assistant Master, which in fact obliges him to purchase his post, cannot be continued if our recommendations be accepted, and the Governors of this institution desire that it should participate in the Parliamentary Fund.

143. Having regard to the fact that one of the objects, mentioned in the Charter on account of which the hospital was established, was to provide a place where women could be instructed as to become qualified midwives, we were glad to find that great attention is paid to this branch of instruction by the Master, who told us that pupils frequently came from England, and that in some years as many as from twenty-five to thirty nurses have obtained diplomas in midwifery. The nursing of the patients is also very satisfactory, though we agree with the Master in thinking that it would be desirable that the Governors should on the first opportunity appoint a superintendent of the nurses a lady trained in general nursing, so that women coming to the Rotunda for training as midwives might be instructed in a part of their business which they do not necessarily learn in their midwifery course.

144. The fee paid by a female pupil for the six months period of training is £20, of which £10 goes for her board and £10 to the master as his fee for teaching her.

## V.—THE COOMBE LYING-IN HOSPITAL.

145. This hospital, like the Rotunda, is entirely devoted to midwifery cases and the diseases of women.

146. It was founded in 1826 and incorporated by Royal Charter in 1867.

147. The Charter limits the Corporation to twenty-one members, and directs that whenever a vacancy shall occur therein the remaining members or a majority of them shall "elect such fit and proper person to be a guardian and director of the hospital as they shall think most likely to encourage and promote the charitable designs of the Corporation." The Governors are not required to qualify, as in the case of the Rotunda, by either a donation or an annual subscription, and it appeared by the evidence that there were some members who had not subscribed anything to the funds of the institution.

148. Although, however, the number of the Governors is limited, they are empowered to appoint, without any limit as to number, donors or subscribers of certain fixed sums to be honorary, life, and annual Governors; and with the view to inducing benevolent persons to contribute towards the maintenance and perform important services for the benefit of the hospital, they are empowered to appoint patrons and patronesses, vice-patrons and vice-patronesses. We cannot, however, approve of this system of governing or supporting an hospital, believing that the true system, so long as hospitals are supported by voluntary subscriptions, is to allow any person who gives a certain donation or subscribes a certain annual sum to become a Governor of the hospital, in the sense that he should be entitled to vote at the annual election of Governors to act as a Committee of Management. Under such a system the person who subscribes feels that he has a voice in the management of the hospital, and the Governing Board is not likely to stagnate. We, therefore, hope that in the event of legislation being introduced in consequence of our recommendations, the Governors of this hospital will take advantage of it to procure the amendment of their Charter in this respect.

149. The master is appointed by the Governors, and is remunerated by the fees which he receives from the assistant masters and the male and female pupils. The Charter, following in this particular that of the Rotunda Hospital, provides that his tenure of office shall not exceed seven years. It also provides that there shall be two assistants to the master, and that no one person shall be continued or re-elected assistant longer than the space of three years. There was, however, but one assistant when the evidence was given on behalf of this hospital, and we believe that there is but one at the present time—the fact being, as we must assume, that there are very few willing to pay the fee which the master requires. But if this be the reason why the express direction in the Charter has been infringed and the hospital staff has been weakened, in an institution, moreover, where the master is not required to reside, it offers an additional argument against the system which requires the assistant to purchase his post. It does not, however, justify the Governors or the master in not complying with the terms of the Charter, and we must express our decided opinion that, in the interests of the patients, the Governors should in future rigidly adhere to the terms of their Bye-Law, which requires that "a vacancy in the office of master shall be filled with as little delay as possible."

150. The Coombe has always been famous for its external maternity department, and may be regarded, perhaps, more as a centre from which assistance is sent to women in their own homes than as a lying-in hospital. In 1894-5 the number of cases so attended was 2,160, as compared with 1,629 attended by the Rotunda staff. It has, however, sixty-five beds, though the average number in daily use during the year ending 31st March, 1885, was only twenty-two, of which a large proportion seemingly belonged to the chronic hospital. It may be that if the income of the hospital were larger we should find a greater number of beds occupied in the Lying-in branch; but Dr. Mason assured us that they were able to accommodate as many women as applied to be admitted, and that they never had to refuse patients at the doors of the hospital.

151. The Coombe is attended by a large class of students, the average annual number entered on the books during the three years preceding our inquiry having been 118, and the average daily number actually attending during that period having been 30. In the case of the Rotunda, the actual number of students entered during the year is not given; but judging by the amount which Dr. A. V. Mason stated that he had received in fees in the year before the inquiry, it may be assumed that the number was in excess of that entered at the Coombe, while the average number of students on the books in the Rotunda at any one period during the three years in question appears to have been 55.



152. Having regard to the large number of extern cases attended by the students of the Coombe, and to the fact that the Master is non-resident, too much care cannot be taken in classifying the students, with the view to securing that only those who are considered by the Master, as the responsible authority, to possess the requisite experience, shall be entrusted with the care of these cases. In making this observation we do not intend to convey that there is any want of care at present. On the contrary, we are sure that if there had been any such remissness on the part of the authorities, the popularity of this institution would not have been maintained. But we are bound to observe that, in an institution where the responsible head is not required to reside, and where the effect of the purchase system, as regards the selection of the Assistant to the Master, has obviously been to deter men, perhaps the most capable, from coming forward for the post, the possibility of a laxity of discipline arising cannot be overlooked, and we should be wanting in our duty if we failed to call attention to it.

153. We were disappointed to find that the number of female pupils trained to be midwives in this institution was not larger. In the year preceding the inquiry the number of these pupils returned as attending the hospital was only ten, of whom only one was an intern pupil. An intern pupil pays eighteen guineas for the six months' course of training, of which sum eight guineas go to the Master as his fee for instructing her, and the balance for her board. An extern pupil pays a fee of six guineas to the Master. We do not understand why there should be any difference in the amount of the fee charged by the Master as between an extern and intern pupil, inasmuch as the amount of instruction given in both cases ought to be the same. It appears, however, from the evidence that, whereas an intern pupil nurse is never forbidden to be in the labour ward when labour is going on, the externs are only allowed to be present at cases on the two days of twenty-four hours each on which they are allowed to attend at the hospital. 2551; 2580. 2602. 2608-2611.

154. Seeing that the majority of nurses to whom diplomas in midwifery are given by the Coombe, have been extern pupils, we are of opinion that they should be afforded all the opportunities of acquiring instruction which are given to intern pupils.

155. The income of this hospital from all sources, for the year 1884-5, was only £1,601 12s. 1d., of which, nearly one-third (£520) was contributed by the Corporation of Dublin. The Parliamentary grant was £200, so that nearly one-half of the income was derived from Imperial and Municipal funds. The small sum of £302 was received in subscriptions, and the bequests amounted to £340.

156. These figures show that the Governing Body, as constituted by the Charter, has not been successful "in inducing benevolent persons to contribute towards the maintenance and perform important services for the benefit of the hospital," and that without the munificent grant made by the Corporation it would be impossible for them to maintain the institution in any state of efficiency.

157. We are not surprised, however, at the small amount of subscriptions when we reflect that the Governors, as such, are not required to contribute to the funds of the hospital, and that some of them, according to the evidence, had not contributed at all. Until the Governors give the lead the public cannot be expected to follow. But if the Board were reconstituted in such a way as we have suggested we do not doubt that a large measure of support would be accorded by the charitable to this most deserving institution. 2910; 2912.

158. In connexion with the expenditure we should note that, while, both in the case of this hospital and of the Rotunda, the average annual cost per bed for maintaining the patient is less than the general average for the Dublin hospitals, the establishment charges are so much higher than the average of these charges in other hospitals, that the gross average annual cost per bed, in the cases of these two lying-in hospitals, is largely in excess of that in other hospitals in this city, being £83 3s. 11d., in the case of the Coombe, and £84 16s. 6d. in that of the Rotunda.

## VI.—THE WESTMORELAND LOCK HOSPITAL.

159. This hospital, which is situated in Townsend-street, receives a grant from Government of £2,600 a year. It was founded in 1792 for the cure and alleviation of venereal disease, and was called after the Earl of Westmoreland, who was Lord Lieutenant at the time. It was originally intended for the reception and treatment of persons of both sexes, but since 1819 only females have been admitted.

160. The buildings were erected and the institution has been maintained solely out of moneys voted by Parliament. The grants have varied in amount, the largest appearing to have been £8,666, in the year 1819, and the smallest £1,350, in the year 1853. From the Union until 1840, the total amount granted was £67,851, while the

average annual grant, between 1838 and 1839, was £2,936. The grant was fixed at £2,500 in 1838, and continued at that figure until 1848, from which date it was reduced by ten per cent. each year until 1858, when it amounted to only £1,350. The Select Committee of 1854 were of opinion that a sum of from £2,500 to £3,000 a year would be required for the support of the hospital, and they added that—

\*As they were also of opinion that all hospitals which receive assistance from the State ought to afford medical instruction, the Governors of this institution should be directed by the Lord Lieutenant to admit students under such restrictions as might be found necessary to ensure propriety and morality."

161. Dr. South's Commission, in their report upon this hospital, observed that—

"Keeping in view the opinion expressed by the Select Committee of the House of Commons that all hospitals which receive assistance from the State ought to afford medical instruction, we have been at considerable pains to collect the opinions of the medical profession in Dublin as to the expediency of making this (the Lock) hospital an educational institution, and these inquiries have led us to the conclusion that, although it is not desirable to allow the indiscriminate attendance of pupils, as in other hospitals, yet that advantage would be gained from the establishment of a class of matured pupils who had nearly completed their course of professional studies."

162. Notwithstanding this expression of opinion, both on the part of the Select Committee and of Dr. South's Commission, this hospital has not been used for the purpose of clinical instruction. In their second annual report, published in 1859, the Board of Superintendence, in their observations upon this hospital, state that "the Governors have endeavoured to induce pupils to attend the practice of this hospital, but they have not yet been successful. We expect the subject, however, will continue to occupy their attention."

163. In their third annual report, published in 1860, they state that "the Governors have endeavoured to give effect to the recommendation of the Parliamentary Committee of the House of Commons with reference to the instruction of pupils in the hospital; but as certificates of attendance on such institutions are not required by the examining medical authorities, very few have attended."

164. Of late years, however, the Governors do not seem to have been in favour of admitting students.—Mr. Fottrell having told us that the matter had been discussed in an informal way by the Board, and that the feeling was rather against their admission.

165. Dr. Michael A. Donnelly, while admitting that it was very important that students should have an opportunity of being taught the treatment of venereal disease in the female, expressed his opinion that it would be impossible to have clinical teaching in the Lock Hospital, and when questioned he explained that, if students were admitted, the persons for whom the hospital was intended could not be induced to enter it. He further objected to the admission of students on the ground that it would be impossible to keep order in the place; but he took care to explain that the disorder which he dreaded would not be caused by the students, though it would be the indirect result of their being allowed to visit the hospital. To understand his meaning it will be necessary to refer to his evidence.

166. Dr. Henry FitzGibbon deplored the absence of clinical instruction in the hospital, and told us that owing to the want of it in Dublin he was obliged to go to Paris to study those diseases in women, and he went so far as to say that he thought it was a very great defect in the medical school in Dublin that they had been turning loose upon the public men who could not recognise venereal diseases in women.

167. The objection felt by Dr. Donnelly to the opening of the hospital to clinical instruction on the ground that it would have the effect of deterring women from entering it, does not seem to have been felt to the same extent by Dr. FitzGibbon, but we are bound to say that the evidence given by Dr. Reginald Harrison, Surgeon to the Liverpool Royal Infirmary, confirms the view taken by Dr. Donnelly. Dr. Harrison told us that in Liverpool students were now never allowed to go into the female wards of the Lock Hospital, and that the practice of admitting them had been stopped two or three years ago because it was found that when they were allowed into those wards it was impossible to get females to enter the hospital, but that since students had been excluded the beds had always been filled. He added that if the authorities were to revert to the old practice of allowing students to go into the female wards he believed the hospital beds would soon be empty again and that the place would become deserted. Dr. Harrison also told us that in Liverpool they studied syphilis from the male patients only. It would appear, therefore, that in this respect the Dublin Medical School is not singular.

168. Having regard, however, to the fact that this hospital "does not," to quote the words of the Select Committee, "afford medical instruction," we are clearly of opinion

that it has forfeited its claim to participate any longer in the Parliamentary grant in its present form, while it is clear that if our recommendation should be adopted it will be excluded from any share in the newly created fund, so long as it abstains from affording this instruction; and further, that even if it were to comply with the conditions upon which alone any hospital in Dublin will in future obtain an allotment from the Fund, the amount to be allotted to it must inevitably be too small to admit of its continuing to exist without support from other sources. We are, therefore, brought face to face with the question as to how this hospital is to be supported in the almost certain event of the Parliamentary grant in its present form being discontinued.

169. That Parliament will again consent to place the Lock Hospital in Dublin in the singular position of being the only hospital of the kind which is supported by moneys charged on a vote included in the estimates for Civil Services, is in the highest degree improbable. It is true that there are other Lock Hospitals in the United Kingdom which are in receipt of grants of public money, but they are in localities which were specified in the Contagious Diseases Acts, and the grants to them have been given for special purposes connected with the welfare of our Army and Marine and have been greatly curtailed since the repeal of those Acts. The Westmorland Lock Hospital is itself in receipt of a grant from the War Office, but support from public funds of this nature is very different from that which has been accorded to this and to the other hospitals in Dublin for the greater part of a century, which has never been extended to hospitals in other parts of the kingdom and which we may certainly assume will not be continued. How then is this hospital to be supported in future? It is plain that there are but two ways in which it can be done—the one by private charity, the other by local rates; but it seems to be generally admitted that an appeal to the public would be in vain, and, if this view be well founded, it is certain that the hospital must be closed unless it can be supported out of the rates. That this will be the ultimate solution we can hardly doubt, and we believe that it will in various ways be attended with great benefits, moral and material, to the community at large. For it may be assumed that if the local body should be charged with the support of this hospital, or of Lock wards in a general hospital, it will have to be entrusted with considerable powers of control which are wanting to the present Governing Body.

170. It would be intolerable, for instance, that the ratepayers should be burdened with the support of such an institution as this, one of whose objects is to cure disease, and yet that their representatives in its management should not have the power to retain the patients until they were cured. This was a point to which Dr. FitzGibbon drew special attention in his valuable evidence; but the power which in his view should be given to the Board of Governors is of far too delicate a kind to be entrusted to any but a local body representative of the ratepayers by whom the institution would be supported.

171. Then again, if the responsibility for maintaining such an institution were thrown upon the community, we believe that the moral advantages which would result from the change would be very great.

172. There are few persons who would not wish to see this hospital made as it were a stepping-stone for those who enter it towards the attainment of a different life from that which they had been leading; but to render it such the whole community, striving by every means in its power, must be enlisted in the good work. What these means should be we shall not discuss, but would, in connexion with this subject, draw attention to the suggestive questions put by Mr. Kennedy to Mr. Edward Fottrell, in which he dwelt upon the importance of having a closer connexion between asylums and an-hospital such as this, and upon the inevitable good which would result from bringing in contact with the patients those good women who devote their whole lives to the fallen.

173. The consideration upon which we have just dwelt, that an institution of this kind ought to be regarded as something more than an hospital for the cure of disease, leads us to notice portions of the evidence given before us which dwelt with disciplinary matters.

174. Dr. Henry FitzGibbon objected strongly to a rule by which all letters, save those addressed to married women, are opened and read by the matron with the view to seeing whether they are of a proper character, and which, he stated, had the effect not only of deterring patients from entering the hospital, but of driving those who had entered it to leave before they were cured. Dr. FitzGibbon described this rule as a very great violation of the individual's rights, which it is undoubtedly, but he felt himself obliged to add that he had once or twice seen letters of so abominable a nature as to justify to some extent the rule. He thought, however, that the fact that women insisted upon

2336.

leaving the hospital before they were cured, in consequence of this rule, was a much more cogent point, as he expressed it, in favour of its removal, than was the fact of the pernicious character of some of the letters, in favour of its continuance. This is just one of those difficult questions which ought not to form the subject of a rule, but which, with the aid of kindness and tact, ought not to be incapable of solution.

2313.

4357.

3991; 3998.

4357; 4364.

175. There were other matters in connexion with the management of the Hospital to which Dr. FitzGibbon objected, "on the ground that they tended to a considerable extent to encourage patients to go out before they were well." These will be best understood by reading the evidence which he gave, but there is one which we cannot pass by in silence. We allude to his observation on the classification of the patients, which he described as very bad, and by which girls who have only lately fallen are placed in the same wards with the most abandoned women. On the other hand, Dr. Rawdon MacNamara stated that "good care was taken that the hardened sinners should not come in contact with these unfortunate women whom there is some chance of reclaiming." There were other points in connexion with the administration of this Hospital upon which Dr. Arthur V. Macan remarked with considerable emphasis in his evidence, but as he did not appear as a witness on behalf of this Hospital, and is, in fact, in no way connected with it, and as his observations were repudiated as emphatically by Dr. Rawdon MacNamara, the Senior Visiting Surgeon of the Hospital, we shall express no opinion on the merits of the controversy. But while, even if there were no conflicting testimony, we should abstain from passing a judgment upon questions with respect to which the best intentioned persons may hold the most opposite views, we nevertheless recognise that, whether it be because this Hospital does not appeal to the public for support, and so does not engage its interest, or whether it be that the public will always stand aloof from an institution of this kind, there is here a sad absence of those evidences of human sympathy which, happily for suffering humanity, abound in other hospitals in this city.

3918; 4890;  
4891; 4878.

176. There is yet another matter to which we desire to call attention, and which we do not doubt will receive due consideration when it becomes necessary to devise a scheme for the future treatment in this city of the class of patients now admitted into this Hospital. We allude to the evidence given by Dr. Henry FitzGibbon, Dr. Reginald Harrison, and Dr. Joseph E. Kenny, as to the desirability of having Lock Wards in connexion with a General Hospital, in preference to having a separate institution with the designation of a Lock Hospital. The purport of their evidence was that an isolated Hospital of this kind, admission into which stamped the nature of the disease, tended to prevent women from entering it who would readily apply for admission into a General Hospital which had special wards for this disease.

177. This hospital is under the management of a Board, consisting of twenty governors, who are appointed by the Lord Lieutenant. Twelve ordinary board meetings are held in each year, and special meetings whenever required. Three governors constitute a quorum, and the average number of governors present at the ordinary board meetings during the three years ending the 31st March, 1885, was 5.27. During these three years the visiting surgeons, Drs. Rawdon MacNamara and Henry FitzGibbon, visited the hospital respectively on 840 and 721 occasions.

178. The income of the hospital for the year ending 31st March, 1885, was £2,864 15s. 5d., and the expenditure £2,729 14s. 2d. The gross average annual cost per bed was only £38 19s. 11d., of which the very small sum of £13 6s. 5½d. represented the average annual expenditure on the maintenance of the patient; but although the smallness of the last-mentioned item naturally attracted our attention, we were assured by Dr. Rawdon MacNamara that the "diet of the patients was most generous at all times." Of the total grant of £2,600 no less a sum than £765 goes in the payment of the salaries of the two surgeons, the apothecary, the two chaplains, the registrar, and the matron. There would be no occasion to pay salaries to the surgeons if students were admitted to the hospital, while a very large saving would be effected in the salaries of the other officials if, instead of a separate institution, there were Lock wards established in connexion with a general hospital.

4381.

#### VII.—CORK-STREET FEVER HOSPITAL.

179. This hospital, known as "The House of Recovery, Cork-street," is in receipt of a grant from Parliament of £2,500 a year. We take the following account of the origin and foundation of this institution from the Report of the Commissioners appointed

in 1808 to inquire into the management of certain charitable institutions in the city of Dublin which were in receipt of annual grants from Parliament:—

"The accounts," they state, "of the fever hospital at Manchester, published in the reports of the English Society for Bettering the Condition of the Poor, and of a similar establishment at Waterford, published in the reports of the Irish Society for Promoting the Comforts of the Poor, had furnished new proofs of the efficiency and utility of such establishments, and the conviction of the benefit to be gained from them, had been daily gaining strength. It was felt that the health of the poor (in this respect at least) was the security of the rich, and motives of self-preservation and public policy operated to enforce the suggestions of benevolence. The subject attracted the attention of the Imperial Legislature; and in the session of 1802, on the recommendation of His Excellency Earl Hardwicke, then Lord Lieutenant, one thousand pounds was voted by Parliament towards erecting a building, and five hundred pounds towards the annual support of an establishment for the reception of fever patients residing in that part of the city of Dublin which comprises the Liberties on the south side of the river Liffey."

180. The hospital was opened for the reception of patients on the 14th of May, 1804, and was built by subscriptions, aided by Parliamentary grants. The expense of its erection, as stated in the first report of the Trustees, amounted to the sum of £11,318, of which Parliament granted, in the years 1802 and 1803, £1,954, the remainder, including contributions of £300 from Earl Hardwicke and £200 from his secretary, having been subscribed by the citizens of Dublin.

181. The hospital at first afforded accommodation for eighty patients; but it was notified that, in case of emergency, 120 beds could be provided. In 1809 an addition was made to the building, whereby the number of beds was increased to 120, and a further addition was made in 1817, which provided accommodation for 240 cases.

182. During, however, the prevalence of fever epidemics the accommodation has been greatly increased by the adoption of temporary arrangements. On the occasion, for instance, of the typhus fevers of 1826 and 1837, tents were supplied by the Government and pitched upon the grounds attached to the hospital, by which means no less than 600 patients were at one time admitted. Again, in 1847, in consequence of a great epidemic of fever, it became necessary to erect wooden sheds, the cost of which was met by a grant from Parliament, and which were standing and ready for use when the Select Committee of 1854 examined witnesses on behalf of this hospital.

183. The total number of beds, according to the return furnished to us, is 200, while the average number of beds in daily use in the year ending 31st March, 1885, was sixty.

184. The Parliamentary grants have been continued annually ever since the hospital was opened in 1804. The largest sum voted was £9,847, in the year 1847-8, when the sheds of which we have spoken were erected, and the total amount granted between 1804 and 1841-2, according to returns in the reports of the Commissioners appointed in 1828 and 1842, amounted to the very large sum of £156,638, giving an annual average grant of £4,122. For the ten years from 1833-4 to 1842-3 the grant was fixed at £3,800 per annum. From 1843-4 until the 31st March, 1853, the year before the appointment of the Select Committee of the House of Commons, the total sum granted (exclusive of extra aid for epidemic diseases, amounting to £8,439) was £34,020, giving for the period an average of £3,400 a year.

185. The Select Committee were of opinion that £3,000 a year was necessary for the maintenance of the hospital and that the Governors should afford every inducement to medical students to attend the hospital for purposes of instruction. Dr. South's Commission, however, considered that a sum of £2,500 a year—the amount now granted—would be sufficient, and made no recommendation upon the subject of medical instruction; but although that Commission did not, seemingly, consider that clinical instruction should be given as a condition upon which the grant should be continued—foreseeing, doubtless, great difficulties in the way of giving it in a special hospital—the trustees have allowed the institution to be utilized for the purposes of medical education, and according to a return furnished by them, there were forty-eight students in attendance from time to time during the three years preceding the inquiry. Dr. Chasles, however, explained that there was no regular daily attendance by students, as in other hospitals where clinical instruction is afforded—the students coming only "to take out the number of fever cases required" by the College of Physicians. But it is not necessary for us to inquire into either the nature or the amount of the clinical instruction given, because from the point of view from which this hospital must be regarded ever since legislation has imposed upon local bodies the responsibility of providing against the spread of infectious disease, we consider that, even if no question had arisen with reference to the continuance of these grants from Imperial funds in aid of Dublin hospitals, the grant to this particular institution could not be defended. Nor was the principle that local bodies should be

made responsible for providing the necessary funds for maintaining fever hospitals recognized for the first time only in this country by the Public Health Act of 1878. So long ago as 1818 an Act was passed—58 Geo. III., cap. 47—by which Grand Juries were empowered “to present any sum or sums of money for the purpose of erecting and establishing, or hiring, repairing, and fitting up a Fever Hospital in any county, city, or town in which no such hospital had been previously established, or for the purpose of enlarging, repairing, rebuilding, or supporting any Fever Hospital which had been previously established.” This Act, which is entitled “An Act to establish Fever Hospitals and to make other regulations for relief of the suffering poor and for preventing the increase of infectious fevers in Ireland,” attracted the attention of the Commissioners appointed in 1828 to inquire into certain Charitable Institutions in Dublin, who, in their report upon the Cork-street Fever Hospital, after referring to this Act, proceeded to state that—

“They saw no reason why the county and the county of the city of Dublin should for the time to come be exempted from a charge which is enforced on other counties.”

186. The Commissioners, however, were of opinion that to enable it to be applied in the case of Dublin the Act would require to be amended. This Act marks the progress which public opinion had made in connection with sanitary questions since Lord Hardwicke established the hospital in Cork-street, and its importance consists in the recognition by the Legislature of the necessity, as a matter of sanitary policy, for maintaining out of the local rates hospitals for the reception of persons suffering from infectious disease. In the case of other hospitals there may be good reasons for leaving them to be supported by voluntary effort, but in Dublin the inadequacy of such support has long been recognized, not only by the Legislature but by the Corporation as the representatives of the ratepayers, while elsewhere—even in London, the wealthiest city in the world—the difficulty of maintaining hospitals seems to be every year becoming greater. But whatever may be said in favour of continuing to rely upon charity for the support of hospitals generally, no such arguments can apply in the case of a hospital for infectious disease. The support of such a hospital is no longer a question of charity; it is entirely a question of utility, and must be defended upon the same grounds as those upon which compulsory vaccination is justifiable—the physical welfare of the community.

187. It was, therefore, inevitable that the Legislature would no longer leave to voluntary effort what ought to be undertaken by the municipality, and accordingly ample powers have been given by the Public Health (Ireland) Act of 1878 to the Sanitary Authorities in this country to provide hospital accommodation for sanitary purposes.

188. It is not necessary under the 155th section, which deals with this particular power, that the Sanitary Authority should itself build hospitals for the reception of sick or convalescent. They are empowered to contract for the use of any existing hospital or part of a hospital, or place for their reception, or they may enter into an engagement with any person or bodies of persons having the management of any hospital for the reception of the sick or convalescent inhabitants of their district on payment of such annual or other sum as may be agreed upon.

189. The income of the hospital for the year preceding the inquiry was £5,316, and the expenditure nearly £4,000. The income was composed of the following items:—Parliamentary grant, £2,500; Corporation grant, £800; interest, rents, and annuities, £940; subscriptions, £484 (including a bequest of £20); Hospital Sunday Fund, £157; pay patients, £880; other receipts, £51.

190. Assuming, then, that the income and expenditure for the year under review were of a normal character, the withdrawal of the Parliamentary grant would necessitate a further call upon the charitable, or upon the taxpayers, to the extent of at least £1,500 a year.

191. The item of £880 under the head of “pay patients” represents the sums paid by the Unions for pauper patients at the rate of 8s. per day for each patient. It appears, however, from the evidence given by Dr. Chandlee and Mr. Shackleton that, under an arrangement made some years ago with the South Dublin Union, the hospital authorities do not make any charge in respect of “out patients” from the Union, i.e., patients sent by the dispensary doctors and not from the Union itself—until the total number of patients, whether Union or non-Union, in the hospital exceeds fifty. In connection with this evidence it is, perhaps, doubtful whether, having regard to the responsibilities imposed by the Public Health Act upon the Sanitary Authority with reference to providing for the reception in hospitals of patients suffering from infectious

disease, without any distinction as to the patient's class, as well as to the provision in 1892. that Act throwing the expenses incurred under it in the case of an Urban Sanitary Authority upon the borough rate, the expenses of maintaining pauper fever patients in this hospital are properly chargeable upon the poor-rate. The question is one upon which we do not feel competent to express an opinion, but we are not, we think, doing amiss in directing attention to it.

192. The hospital is governed by a Committee of Management consisting of twenty-one members, of whom fifteen are Trustees, and six are elected annually by subscribers. The Committee meet every Thursday morning during the year; three form a quorum, and the average number of members attending for the period covered by the returns was five. Mr. Shackleton told us that it was extremely difficult to get persons to 1975. attend, as there was a natural objection to going to a fever hospital, and that, therefore, the number of actual working members of the Committee was not more than seven or eight, which, however, he said was quite sufficient for the ordinary routine of management and administration. Having regard to the nature of the hospital we think that the attendance of so many members of the Committee is most praiseworthy, and in saying so we are only endorsing the opinion expressed by former Commissions upon this subject. The Commissioners appointed in 1828 felt "bound to bear testimony to the faithful and unremitting exertions of the Managing Committee," while the Commission of 1842, stated in their Report upon this hospital that the Committee "were extremely regular in their attendance, and exhibited the greatest assiduity in superintending this important and valuable establishment."

193. We have no doubt, therefore, that the Sanitary Authority will be very willing to avail themselves of the opportunities afforded by an institution whose management has been at all times so excellent.

#### VIII.—ST. MARK'S OPHTHALMIC HOSPITAL.

194. This institution was opened in 1844 by the late Sir William Wilde as an Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear.

195. Under a Deed of Trust dated 5th March, 1862, the management of the institution is vested in a Board of Governors consisting of fourteen members—five of whom are Trustees—who hold office during life. The Lord Mayor of Dublin, the Surgeon, the Secretary, and the Treasurer are *ex-officio* Trustees and Governors. The Board elect to vacancies occurring in their number.

196. This institution is in receipt of a grant from Parliament of £100 a year, which was given for the first time in 1855-6 upon the recommendation of Dr. South's Commission. In that year the income, including the Parliamentary grant, was only £401 7s., and the expenditure £456 12s. 2d., while in the year 1884-5 the income had increased to £1,506 15s. 1d., and the expenditure to £1,468 2s. 11d. In the former period the number of beds available for patients was twenty, and the average daily number of beds occupied was ten, which figures compare with fifty-four and thirty-four in the latter period.

197. The principal items of income in addition to the Parliamentary grant were £150 from the Corporation, £477 subscriptions, £206 Hospital Sunday allotment, and the large sum, having regard to the total income, of £488 from pay patients, the same being contributed by the various Unions from which patients are sent, and by persons whose circumstances admit of their paying something towards their maintenance. The amount contributed by the Unions was about £224 and by in-patients £170, the balance being received from out-patients attending the Dispensary.

198. There is a special ward where as much as two guineas a week is paid by the 2477 patient, but usually the rate is 10s. a week for persons of moderate means. Union patients are paid for at the rate of 1s. 4d. per day, or £32 16s. 4d. per annum.

199. The average annual cost per bed is £43 3s. 7½d., of which £17 9s. 4d. is spent upon the maintenance of the patients. These averages appear low as compared with those in many other hospitals, but, as was explained by Mr. John B. Story, the patients 2461. do not require so much nursing or so generous a diet as, for instance, in such hospitals as the Coombe or Rotunda.

200. The average annual number of students on the books for the three years ending 31st March, 1885, was seventy-five; and the average number daily attending was about sixteen. The period of actual attendance by each student is three months, being that required by Trinity College in the case of a student taking a degree in surgery, in the University of Dublin.

2501. 201. The fee charged for the three months' course is £3 3s, which is divided equally between the Surgeon and the Assistant Surgeon.

202. The importance in the interests of medical knowledge of maintaining a special hospital for the treatment of diseases of the eye and ear, instead of having special wards in General Hospitals, seems to be insisted upon by those most capable of forming an opinion upon the question.

203. Dr. South's Commission

"Considered a special Ophthalmic Institution to be highly valuable, as a means of enabling medical students to acquire a more accurate knowledge of the diseases of the eye and their treatment, than can usually be obtained at general hospitals."

and this view was strongly upheld by Dr. Charles E. Fitzgerald, Mr. Henry R. Swanzy, and Mr. J. B. Story.

2438. 204. Mr. Story stated that both in Europe and America it is the universal custom to have special eye and ear hospitals apart from the general hospitals.

205. Mr. Swanzy, however, did not rest the case for special hospitals upon the fact that it was the universal custom to have them. He gave a special reason for having a special hospital in a city like Dublin, in which Dr. Fitzgerald entirely concurred, and which he thus explained. "If," he observed,

3236; 3270.

"The cases of eye disease are distributed over several hospitals, the material is frittered away, which reduces its value to the student or physician. There are some diseases of the eye—very important diseases—which are very rare, and if you have them scattered over the different hospitals, it may happen that a student may never come across one of these cases at all, whereas if the cases are accumulated in one large special hospital, he is sure to come across every specimen of disease during his time of attendance there."

In the face of such opinions it may be assumed that no responsible body would make any proposal which would have the effect of interfering with the existence of a special institution in this city for the treatment of these diseases. But apart from economical considerations in favour of amalgamating in a city like Dublin, small special hospitals established for the treatment of the same class of disease, the reason urged with so much force by Mr. Swanzy in support of special hospitals for diseases of the eye and ear *versus* wards in general hospitals set apart for such cases, affords the strongest argument which can be used in favour of the amalgamation of this hospital with the National Eye and Ear Infirmary in Molesworth-street. For if the clinical teaching which has been given in these two small hospitals has been able to effect so great an improvement in the knowledge of ophthalmic surgery possessed by local medical men in this country, it can hardly be doubted that still more important results in this direction would follow from the establishment of one moderately large hospital for these diseases in Dublin.

3256; 3258.

206. We were, therefore, not surprised to find that both Mr. Swanzy and Dr. Fitzgerald, as well as the Governing Body of The National Eye and Ear Infirmary, were strongly in favour of the amalgamation of these institutions upon the grounds that all the skill of this branch of the profession would be made available for the patients, and that the students would obtain greater experience, owing to the opportunities which they would have of seeing a much larger number and a greater variety of cases.

2457.

207. On the other hand, Mr. Story was of opinion that "more benefit was done to the oculist profession and to students, and to patients themselves, by competition," while we were informed by Sir James Mackey that there were legal difficulties in the way of amalgamation.

208. We are not, of course, likely to underrate the advantages to be derived from a healthy competition in the case of hospitals as in most other matters, but we consider, having regard to the conditions which obtain in Dublin, that even if this is a case in which advantages are to be derived from competition, they are as nothing compared with those which would be gained by amalgamation. We should, therefore, be wanting in our duty, both to the charitable and to the taxpayer, if we did not express our very decided opinion that the circumstances of this city do not require that there should be more than one special hospital for the diseases of the eye and ear, and we are glad to find that the Committee of the Dublin Hospital Sunday Fund—a body which has been of such service in effecting improvements in the management of these institutions—expressed themselves in favour of amalgamation between these two hospitals so long ago as 1879.

3259; 3262

209. We may add that in the opinion of Mr. Swanzy an amalgamated hospital for these diseases ought to provide accommodation for at least 100 beds, and that an income of £4,000 a year would suffice to maintain that number.

210. The united incomes of the two existing institutions, including £400 a year contributed by the Corporation, and £100, the Parliamentary grant, amounted to less than £2,600 in the year 1881-3.



211. Assuming, therefore, that the requisite funds were forthcoming for the erection of a new building or the enlargement of one of the present buildings, it would be necessary to raise an additional income of £1,500 a year. This, no doubt, is a considerable sum, but a large portion of it would be contributed either by the patients themselves or by the Unions from which they had been sent for treatment.

### IX.—HOSPITAL FOR INSURABLES.

212. We take the following account of the origin of this Institution from the Report of the Commissioners of 1829 :—

"The precise period of its foundation cannot be ascertained, in consequence of the ancient records of the Hospital having been lost; but, from references in the oldest records extant, it is supposed to have been about the year 1740.

"About the above period a medical society of amateurs having been formed in Dublin, applications for their tickets became so urgent, that they resolved to apply the profits arising therefrom towards taking an apartment or small house, in Towsend-street (then called Lanes-hill) for the reception of incurable objects, whose situation was destitute of support; this resolution was accordingly carried into effect. The present building on the Danybrook-road, had been occupied as a lock-hospital, and in the year 1800 an exchange of tenements was effected between the respective governors."

213. A Charter was granted in 1799, constituting certain persons, together with all others who should give a donation of £21, or a yearly subscription of £5 5s., a Corporation from whom the Governors should be elected.

214. Prior to 1817 this institution was, with the exception of the small annual grant of £43 8s. 8d. made to it as a "Public Infirmary" under 5 Geo. III., cap. 20, entirely maintained by voluntary aid, but since that date it has been in receipt of annual grants from Parliament varying in amount from £613 to £850, at which latter sum it was fixed on the suggestion of Dr. South's Commission, who also suggested that it should be a charge upon the Concoerdatum Fund.

215. Dr. South's Commission admitted in their Report that "this hospital, from its peculiar nature, was not adapted for educational purposes," but in making this suggestion which was so much at variance with the principle upon which the Select Committee of 1854 had recommended the continuance of the grants, they were no doubt influenced by the opinion of the Select Committee themselves, who observed in their Report that

"In consideration of the length of time during which this institution has been assisted by Parliamentary Grants, its charitable character and excellent management, your Committee are of opinion that the Hospital for Insurables should be maintained in an efficient state and that the attention of the Lord Lieutenant should be directed as to whether a small portion of the Concoerdatum Fund might not be appropriated for this purpose."

216. We think, however, that this is an institution which especially commends itself to the charitable, and which certainly has no claim for support at the hands of the general tax-payer. If there were no such institution in existence those who are now admitted within its walls would have to seek for relief within the Union Infirmaries, and if such cases should become numerous, special arrangements would have to be made for their reception and treatment. Their support would then fall upon the local rates. But as our Union Infirmaries are at present constituted they would offer a very different asylum to those who had known better days, and who had been earning their own bread before incurable disease fell upon them, from that home which is now provided for them in this institution.

217. Here, then, is a proper field for charity, and therefore we regret that the Select Committee should have interfered with it by suggesting that any portion of the income of this institution should be provided out of the general taxation of the country. The smallness of the grant, too, which was recommended ought itself to have suggested how unnecessary it was, for if it was enough to maintain the hospital "in an efficient state," the Governors might have been trusted to make good the deficiency in their income which would be caused by its withdrawal. And what has happened in the interval has shown how greatly mistaken were the Select Committee in their estimate of the ability of those in this country who had the desire to contribute to the support of such deserving objects of charity as are maintained in this institution. For, whereas the income of the hospital from all sources in 1854, according to a return furnished to the Select Committee, was £1,594 4s. 10d., its income in 1884 (excluding a balance in hands from the previous year of £1,000), was £5,418 1s. 8d., while in both years the amount derived from the Parliamentary and Corporation grants was the same—£593 8s. 8d.

218. It would appear, therefore, that within the period of thirty years covered by these dates the income derived from voluntary sources has been nearly quadrupled, and it is most satisfactory to find that the stable income—i.e., that portion of it which is

represented by interest and rent—has risen from about £550 in 1854 to nearly £3,000 in 1884. Then the expenditure, which exceeded the income in 1854 by about £60, showed a balance in hands at the end of 1884 of over £770, while the number of patients in the hospital at the close of 1854 was seventy-two, as compared with 167 (number of beds occupied) in 1884.

2401; 2403.

219. Moreover, since the date of the Report of the Select Committee, kindred institutions have been established at Cork and Lismore which supply the needs in this respect of the community in those localities, to the relief, therefore, of the institution at Donnybrook, and which, it is scarcely necessary to add, do not receive State aid.

220. We feel ourselves compelled, therefore, to the conclusion that the Parliamentary grant to this hospital cannot be justified; but we may be allowed to repeat that this is an institution which specially commends itself to the charitable.

#### X.—THE MATER MISERICORDIÆ HOSPITAL.

221. This hospital was founded by the Sisters of Mercy in 1861, for the relief of the sick poor of all denominations. The building consists of three parts which have been erected at different periods. The central block was built in 1861, at a cost of £27,000, of which £10,000 was contributed by the Sisters of Mercy. In 1870 the eastern wing was built at a cost of £16,000, and quite lately a western wing has been added at a cost of £20,000. The cost of the structure as it now stands has, therefore, been £63,000, raised entirely by voluntary contributions, and of this large sum, only a small portion, 2874 required for the completion of the western wing, was uncollected when Dr. Christopher J. Nixon was examined as a witness. We learn, too, on the authority of Dr. Nixon, that the Sisters of Mercy intend, as soon as they have funds, to build a separate fever hospital, which, as fever cases are now admitted, will be a very desirable addition, for there can be no doubt that, however strictly a system of internal quarantine may be maintained, the danger of infection cannot be entirely obviated.

222. The hospital is intended to accommodate 300 beds, and, when Dr. Nixon gave his evidence, there were already available 102 medical and 90 surgical beds, besides 10 2875 beds devoted to obstetric cases, while the average daily number of beds occupied throughout the year was 160, being the largest number maintained in any of the general hospitals in Dublin. The largest wards contain fourteen, and the smallest four beds, 2876 while the amount of cubic space allotted to each patient in the large wards is over 2,000 feet.

223. The building is arranged upon the corridor plan, but, as Dr. Bristowe stated in his report to Government on the Hospitals of the United Kingdom in 1865, "the 2875 distribution of the corridors and wards and beds is such as entirely to neutralize any of the ill effects that could possibly flow from the adoption of this plan, while all the advantages that spacious, cheerful, well-ventilated corridors could afford are thoroughly secured."

224. Patients are admitted without any recommendation and without distinction of 2877; 2893. creed. If the patient is not a Roman Catholic and the case is an urgent one the clergyman of his religious persuasion is at once sent for.

225. In 1869 the Sisters of Mercy introduced, for the first time in Dublin, as 2877. Dr. Nixon believes, the practice adopted in the London hospitals, of appointing assistant medical officers. Accordingly there is an assistant physician and an assistant surgeon attached to this institution, who have charge of what is known as the out-patient department. These officers hold dispensaries three days weekly, and these dispensaries act as feeders to the general hospital; in fact most of the cases admitted to the hospital come from the dispensary.

226. There is also a dispensary held twice a week for diseases peculiar to women. The number of extern patients relieved in 1884 was 23,000.

227. The nursing is done by the Sisters of Mercy, assisted by ward maids. When Dr. Nixon was examined there were sixteen Sisters in the hospital, of whom thirteen attended the sick, and three were devoted to house-keeping and the general management of the institution. The average attendance of the Sisters was about one to thirteen 2882 beds. There is a special staff of night nurses, of whom there were six at the time we speak of, being in the proportion of one to about twenty-six beds. These nurses are under the charge of a Sister, who is told off each day for the work, and remains on duty until a quarter to twelve o'clock p.m. If anything serious should occur during the night the nurse in attendance is required to summon the Sister on duty for the time being as well as the house surgeon. At half-past five o'clock a.m. the night nurses furnish to the Sister on duty their reports of the cases under their charge.

228. The Sisters are not trained nurses in the usual acceptation of the word, but, as Dr. Nixon observed—

"The system" under which they acquire their knowledge "is based upon the aptitude of the Sister for her work. A young Sister comes to the hospital, and if she likes the work the senior Sisters train her, and as it is a labour of love, they fall into the business of training very quickly."

On the other hand Dr. Nixon was himself—

"In favour of a method of training nurses in the hospital by which they could receive the advantage of a course of lectures, say from either the Assistant Medical Officers, or from the House Surgeon, and that they should be examined by the senior members of the Staff, and get certificates if found qualified."

229. The returns of income and expenditure for the year 1884, as furnished to us by the hospital authorities, do not represent its normal income and expenditure, as large sums are included under both heads which were contributed for and spent upon building purposes.

230. The total income from all sources, including a grant from the Corporation of £500, was £8,238, and the total expenditure £7,981. The hospital expenses amounted, according to Dr. Nixon, to £4,601 10s., which he also told us represented the average expenditure for the three or four preceding years.

231. This sum, divided by 160, being the average daily number of patients maintained throughout the year, gives a total cost per bed of only £28 15s. 2d., of which £16 2s. 7d. per bed represented the outlay upon the patient. The fact that the Sisters give their services for nothing accounts, of course, for the low rate of the "Establishment" expenses, but it does not explain the smallness of the sum which is spent on the maintenance of the patients.

232. The accounts of the hospital are audited yearly by a Chartered Accountant.

233. The clinical staff consists of three physicians, and three surgeons, and is appointed by the Sisters of Mercy. There is no rule restricting the selection of candidates, but students who have attended the hospital classes, and become residents, and then Assistant Medical Officers, are usually promoted to the senior positions.

234. The staff is composed entirely of Roman Catholic gentlemen, as is only to be expected in an hospital which is under the exclusive management of ladies belonging to a Roman Catholic Religious Order, and which has been almost entirely built by and maintained out of funds contributed by Roman Catholics. We were, however, unhesitatingly informed that the Sisters were very far from objecting to the presence in the hospital of Protestant medical men on the ground of their religion, but that they had hitherto confined their selection to members of their own creed because in many of the Dublin Hospitals Roman Catholics were too often excluded from positions on the medical staff, and we are bound to say that in the case of, perhaps, the most important hospital post in Dublin—that of the Master of the Rotunda Lying-in Hospital—this allegation is only too well founded.

235. The average number of students entered for the three years before 1885 was ninety, and the average daily attendance about sixty.

236. It will appear from what we have said above that within the short period of twenty years, which has elapsed since its foundation, the Mater Misericordiarum Hospital has, in respect of all the purposes for which a hospital is intended, acquired a position second to none in the city; while to all those who are familiar with Dublin it must be evident that as regards site, extent, and architectural design it has no rival. As it stands now it has fulfilled the prediction upon which Dr. Bristowe ventured in his Report to which we have referred, that "when completed it would be one of the finest hospitals in Europe," and it fully merits Dr. Robert McDonnell's glowing eulogium that "it is a glorious institution, and one of which the country is justly proud."

## XI.—JERVIS-STREET HOSPITAL.

237. This Hospital, which is described in its Charter as the "Charitable Infirmary in Jervis-street," is, we believe, the oldest institution of the kind in Dublin. In the year 1718 six medical men combined to take a small house in Cook-street, wherein to afford refuge and professional aid to four sick persons, and there laid the foundation of the present institution. This proceeding so commended itself to the public that generous contributions were promptly given in aid of the charity, and the founders were soon enabled to rent a larger house on the King's Inns-quay. There the institution remained until the Government decided to build the Four Courts, when the site upon which the Infirmary stood being required for that purpose, a further move was made to Jervis-street. In 1792 a Charter was granted incorporating the managing body under the title of the Guardians and Governors of the Charitable Infirmary, Dublin.

Historical sketch published under direction of Managing Committee.

238. In 1803 the house in Jervis-street was taken down and a new hospital was erected. In 1808 courses of lectures on the Theory and Practice of Medicine and on Clinical Surgery—being we believe the first of the kind delivered in Dublin—were given in this institution. In 1820 the Governors deeming that “certain alterations and modifications were advisable and necessary in the Letters Patent granted by George III.,” “to enable them to maintain the institution more advantageously for the benefit of the sick and wounded poor of Dublin,” applied for and were granted a new Charter which was enrolled in the Court of Chancery, on the 19th October, 1820. Under it the Governors were constituted a Body Politic and Corporate, to be called “The Governors and Guardians of the Charitable Infirmary in Jervis-street, Dublin,” and were directed to elect annually, by ballot, a Committee of fifteen persons to govern the infirmary for the then ensuing year. The number of Governors is unlimited, the qualification for membership being either a payment at once of £18 12s. 3d.,—i.e., twenty pounds, Irish—or an annual subscription of £2 2s.

239. The medical staff as fixed by the Charter is limited to two physicians, seven surgeons, and one apothecary. To a vacancy occurring in it the Corporation at large has the exclusive power and authority to elect and appoint by ballot. The mode of election was explained to us by Mr. Edward Stapleton. When a vacancy occurs any one who pleases may come forward as a candidate, and if he should not be opposed and has been accepted by the medical staff, he will, unless there should be something to warrant their disapproval, be also accepted by the managing committee, in which case his election by the Corporation may be regarded as purely formal. In the event of a contest the election takes place in the manner prescribed by the Charter.

240. The purchase system is, however, recognized, and the incoming physician or surgeon must pay a sum of £500, of which £300 goes to his predecessor, and the balance to the funds of the institution. But Mr. Stapleton, though admitting that objection could be taken to such a system, expressed his opinion that, regulated as it is in the case of this hospital, the charity benefits by it, while it does not prevent any person from coming forward as a candidate.

241. The system was also defended by Dr. MacSwiney, one of the physicians to the hospital, who considered that the contribution of £200, which the incoming physician or surgeon is required to make to the charity was one of the fairest that could possibly be asked from a person elected to a post on the medical staff of a metropolitan hospital with all the advantages which an appointment in such a hospital gives him.

242. On the other hand Mr. Arthur G. Chance was of opinion that the only thing to be said in favour of the system was that £200 of the sum paid went to the funds of the hospital.

243. There can be no doubt that the purchase system, however restricted, must tend to prevent persons—perhaps the best qualified—from seeking election, and on this ground alone merits the strongest condemnation.

244. The income of the hospital, according to the return prepared by our Secretary, was for the year ending 31st March, 1855, £6,052, but these figures, as Mr. Stapleton explained, are fallacious, inasmuch as they include subscriptions towards the building fund. The normal income, as this witness told us, is about £1,500 a year, of which, £500 or £600 represent “steady subscriptions,” £300 the grant from the Corporation, £43 12s. 3d. a grant from the Treasury under an old Irish Statute (3 Geo. III., cap. 20), and about £700 interest, rent, and annuities. This income contrasts with one of about £900 derived from all sources in the year 1854, as appears by a return in the appendix to the report of the Select Committee of that year, so that in the interval the normal income of the hospital has increased by about £600 a year, and it is satisfactory to note that this increase is mainly in the amount received from subscriptions. But in truth the above figures do not by any means represent the actual growth of income within the period mentioned, for, as Mr. Stapleton informed us, the hospital authorities have expended about £19,000 of capital upon the new buildings which have just been erected.

245. Prior to this expenditure the income of the hospital was about £2,000 a year. The reference to this large expenditure of capital on the new buildings leads us naturally to inquire into the financial position of the hospital, as it has been affected by this undertaking. From what we have stated above it is plain that the Governors might have reckoned upon a steady income of at least, if not more than £2,000 a year, which, at an average annual expenditure of £50 per bed, would have enabled them to maintain about forty beds throughout the year. This would of course have been a small hospital and quite too small for a staff of seven surgeons and two physicians, but, in the absence of the necessary funds to enable the Governors to enlarge it, we think that it was scarcely wise on their part to attempt so ambitious an undertaking as the erection of the present

building, the expenditure upon which had, when we held our inquiry, far exceeded their available capital.

245. According to Mr. Stapleton's evidence the expenditure had, up to the month of November, 1885, amounted to about £35,000, of which about £16,000 had yet to be provided. We are aware that since his evidence was given this large debt has been materially reduced and we do not doubt that the untiring efforts of the Managing Committee will succeed in wiping it out altogether. But nevertheless the fact remains that in the year 1885 this hospital had contracted obligations to the amount of at least £16,000 and that its fixed income, including the Corporation grant of £300, was only about £1,000 a year. It is, moreover, manifest that even when the debt itself has been paid off and the hospital has been fully equipped for the reception of patients it will be impossible for the authorities upon their present normal income of from £1,500 to £1,600 a year to maintain more beds than had been formerly maintained in the old hospital.

246. Having regard to what has been said, it is not surprising that during the year preceding our inquiry, the average number of beds in daily use was only twenty-five, and that for want of accommodation severe accident cases had frequently to be treated on the floor of the ward, nor is it to be wondered at that with such conditions the average daily number of students during the previous three years did not exceed twenty.

247. The above considerations assume a serious aspect in view of the closing of the House of Industry Hospitals to the present class of patients, which may be regarded as certain in the event either of the Parliamentary grant being withdrawn, or of our recommendations with respect to it being adopted.

248. For those who will thus be deprived of hospital accommodation, beds must be provided elsewhere, and owing to the convenient situation of Jervis-street Hospital, as well as to its long-established and well-earned reputation, it is most probable that large numbers of the industrious poor will seek for admission within its walls, and that in the near future there will be need of funds to maintain all the beds which the present building can accommodate. But to maintain 120 beds will require an income of at least £5,000 a year, and as the normal income of the institution has never exceeded £2,000 a year, it is evident that even if the Hospital were free from debt, and that it were fully equipped in all particulars, an additional income of £4,000 a year would have to be raised to enable it to meet the wants of the public.

249. To raise such an income, however, in the absence of large bequests, upon which it would never be safe to reckon, it would be necessary that the annual amount received in subscriptions should be increased tenfold.

250. The nursing in this institution is undertaken by the Sisters of Mercy, and we entertain no doubt that, to quote the words of Mr. Stapleton,

"Under their care is produced economy in management, with increased comfort to the patients, and that their presence leads to order, regularity, and good discipline, and raises the moral tone of the institution."

The nursing arrangements, however, are not satisfactory. The Sisters are not themselves trained nurses, though necessarily many of them have acquired an experience which renders them very efficient. But as they do not attend as a rule at night, we consider that the nurses who take their places then, and who are selected by them, subject to the approval of the Managing Committee, should be carefully trained, more particularly on account of the number and nature of the accident cases which are treated in this institution.

251. We do not comment upon the items of expenditure as returned by the Managing Committee for the year under review, because as Mr. Stapleton has fully explained, they do not in the present circumstances of the Hospital, give a fair account of its financial administration.

## XII.—SIR PATRICK DUN'S HOSPITAL.

252. This hospital takes its name from Sir Patrick Dun, who was a native of Scotland, and had been physician to King William the Third, but who settled and became possessed of property in Ireland.

253. By his will, which was proved on the 24th June, 1713, he bequeathed the whole of his estate, real and personal, to his widow for life, and after her death, and after certain legacies had been discharged, devised the same to trustees, for the purpose of establishing a Professorship of Physic in the College of Physicians in Dublin.

254. Several Acts of Parliament were passed in the last century dealing with the application of the revenues of the estates so bequeathed. The most important of these

was the 25 Geo. III, cap. 42, by which, for the first time, a complete School of Physic was established in Ireland by a partnership between Trinity College and the College of Physicians, and which made clinical teaching a necessary part of medical instruction. This Act contemplated the foundation of an hospital, enacting "That, until an hospital can be provided for giving clinical lectures they shall be given in some hospital of the city appointed by the President and Fellows of the College of Physicians."

255. Various difficulties having arisen in carrying this Act and a subsequent Act—31 Geo. III, cap. 35—into execution, occasioned by the manner of framing the same, the Act 40 Geo. III, cap. 84, was passed, repealing the Acts just quoted, and providing that the surplus of the clear issues and profits of Sir Patrick Dun's estate, after certain payments therein specified had been made, should be applied "annually to the building of a hospital until it shall be so far completed as to accommodate thirty patients therein, *which hospital shall be called Sir Patrick Dun's Hospital.*"

256. For the more speedy completion of the said hospital, it was enacted that eight commissioners should be appointed, with full powers to carry the building of the hospital into effect, according to the true intent and meaning of the Act.

257. The sums so applied had amounted, in the year 1806, to £6,346; but as the annual surplus was wholly inadequate to carrying on the building, an application was made to the House of Commons for parliamentary aid, and a grant of £6,204 was obtained in 1807, for finishing the wing of the hospital which was then in course of erection. In the year 1808 another application was made to Parliament, and a further sum of £4,038 was granted, for carrying on the central part of the hospital; and "on the 24th June, 1808, the commissioners having finished the west wing of the building, so as to afford complete accommodation for thirty patients, and for the establishment of the hospital, summoned a Board of the Governors nominated by the Act, and delivered up to them the internal conduct of the institution." We learn from the report of 1809 that the cost of building and completing the west wing and of building the centre of the hospital, which was nearly completed at that date, was £15,460, towards which Parliament, as we have just seen, had contributed no less than £20,242. "Subsequent parliamentary grants," Professor Haughton told us, "completed the east wing and the central building, and made the handsome institution that we now possess."

258. In addition to these grants for building purpose, by means of which the hospital was in fact built, the Government, during the terrible fever epidemics of 1818 and 1828, aided the hospital funds to such an extent that the hospital authorities were enabled to treat 150 patients at the same time on the premises.

259. In 1864, the central building of the hospital, which had been heretofore used as the hall of the College of Physicians, including the library and museum, was handed over to the governors for the accommodation of patients.

260. Prior to 1867 the hospital had not admitted surgical cases, but in that year the Act 30 Vic., cap. 9, was passed, amending the Act 40 Geo. III, cap. 84, and providing that clinical lectures should be delivered in surgery and midwifery.

261. Since that date, therefore, Sir Patrick Dun's Hospital has ranked as a Medico-Chirurgical Institution.

262. The government of the hospital is vested by 40 Geo. III cap. 84, "in a Board consisting of the Visitors of the College of Physicians, of the President, Vice-President, and Censors of the same, of the Provost of Trinity College, Dublin, and of twelve other persons to be by the said Governors chosen and elected out of those who may become subscribers to the building or maintenance of the hospital; provided that no physician or surgeon, who shall attend patients in the same, shall be capable of acting as a Governor of the hospital."

263. Having regard to the intimate connexion of the hospital with the College of Physicians and the University of Dublin, it is, no doubt, proper and necessary that there should be upon the Board representatives of these Institutions. But we cannot approve of the provision which requires that the representatives of the subscribers should be elected by the *ex-officio* members of the Board; nor yet of the provision which renders any physician or surgeon attending patients in the hospital incapable of acting as a Governor thereof. We believe that if persons were allowed to become Governors or electors of the Institution by virtue of paying or subscribing a certain sum, the receipts from voluntary subscriptions would be substantially increased, while the presence of representatives of the Medical and Surgical staffs on the Board would tend, we think, to the better management of the hospital. We would, therefore, suggest that advantage should be taken of any opportunity afforded for legislation affecting hospitals in the city to amend the provision of 40 Geo. III, cap. 84, by constituting any subscriber of a certain specified donation or annual subscription, a

Rep. of  
1809, p. 86.

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governor or elector of the hospital with the right to vote for the election of a specified number of representatives of such electors on the Board of Management; and by repealing the clause prohibiting any member of the professional staff from acting as a governor.

264. The income of the hospital for the year 1884-5 was £3,773 5s. 7d. This sum was made up of £1,370 being the net amount in that year, of the rents of the estate bequeathed by Sir Patrick Dun, £300 a grant from the Corporation, £355 5s. 9d. from the Hospital Sunday Fund, and £1,847 19s. 10d. representing the proceeds from interest on investments, annuities, subscriptions, and donations, pay patients, and fees received for extern nurses attending private cases.

265. Since the evidence on behalf of the hospital was given we have learned that the income derived from rents has been very seriously diminished.

266. The subscriptions and donations in 1884-5, amounted to £335 13s. 1d., but this sum included the licent fees which are voluntarily given by the University for the maintenance of the hospital, and which Professor Haughton estimated at between £300 and £400 a year.

267. The Governors of this Hospital were the first in Dublin to introduce an improved system of hospital nursing. So far back as 1867, a properly-trained Lady Superintendent of the Nurses was appointed, and her successors have been selected from persons similarly qualified. When introducing this change, the Governors determined to take advantage of the opportunity so offered to train private nurses for extern service—an experiment which has been attended with marked success.

268. The system, as explained by Professor Haughton, is to require the person desirous of being trained, to sign an agreement to stay in the Hospital for three years. She is trained during the first year, and her salary is increased in the second and third years, while in return for her training, board and salary, she hands over all her earnings to the Hospital.

269. The amount thus received by the hospital is over £300 a year, and the item is an increasing one.

270. A very important feature of this institution is its Maternity Department, which has been established since 1867, when by the Act 30 Vic., cap. 9, a Professor of Midwifery was appointed.

271. "There are wards in the hospital where the diseases of women are treated, and where women whose delivery is expected to be complicated may be brought and attended; but the main maternity business is outside the hospital—attending women in their own houses." The number of these extern cases amounts to about 500 in each year, or very nearly one-fourth of the number of cases attended from the Coombe, whose extern maternity business is greater than that of the Rotunda.

272. In connexion with this department there are from sixteen to twenty nurses trained in the year. Their course of training lasts six months, and they live in a separate institution, towards the maintenance of which the Corporation gives £50 a year in addition to the annual grant already mentioned. These nurses attend poor lying-in women, and are responsible to the King's Professor of Midwifery. It is important to note that the number of maternity nurses trained annually in Sir Patrick Dun's is nearly double the number of midwives trained in the Coombe. When we consider the poverty of the district which is served by Sir Patrick Dun's Hospital, and its remoteness from either the Rotunda or the Coombe, it reflects great credit upon the Governors that they should have done so much to develop their Maternity Department.

273. The wards of the hospital are large and well ventilated, but the arrangements for the isolation of fever cases are very imperfect—patients suffering from infectious fevers being placed in wards only separated by corridors from those containing non-contagious cases. This arrangement is at present inevitable, that is, so long as fever cases are admitted, as the want of accommodation makes it impossible to isolate the wards, and there are no funds for building a fever wing. But while we recognise that, for the purposes of clinical instruction, it is convenient that fever cases should be admitted into a General Hospital, and while it may be of importance in the sanitary interests of the neighbourhood that fever cases should be admitted into Sir Patrick Dun's Hospital, we feel bound to state that in a hospital where so many surgical operations are performed the contagion of fever ought to be especially avoided, and that until the funds are provided for building a fever wing it would be certainly more prudent to refuse admission to patients suffering from infectious diseases. The question which is now raised is eminently one for the consideration of the Sanitary Authority of the city, and will, no doubt, receive their careful attention.

274. It is interesting to note that while this hospital was avowedly established for the sake of clinical teaching, there is no institution of the kind in Dublin in which more care is taken of the patient: and when we consider its connexion with the great School of Medicine belonging to the University of Dublin, and its usefulness as a hospital, we can but hope that the necessary funds will be always forthcoming to maintain it in the highest state of efficiency.

### XIII.—CITY OF DUBLIN HOSPITAL.

275. This institution was founded in 1832 by four medical men as a clinical hospital in connexion with the school of the Royal College of Surgeons in Ireland, and as we learn from a Memorial addressed by the Board of Governors to the Lord Lieutenant in 1854, and by His Excellency referred to Dr. South's Commission, "all the physicians and surgeons, with one exception were at that time Professors of the Royal College of Surgeons."

276. The origin of this hospital offers a striking contrast to that of such an institution as the Mater Misericordie or St. Vincent's Hospital.

277. In the latter cases the dominating motive which led to their foundation was the welfare of the patient. In the former the founders sought for a means by which through the opportunities afforded for clinical instruction they might attract a class of students and thus acquire for themselves professional reputation—a laudable motive no doubt, but one which tends to increase unnecessarily the number of such institutions and which undoubtedly has had the effect of so increasing them in Dublin, where a hospital connexion seems to be almost a *ensædæ* *non* for professional advancement. For instance, it was surely not necessary for the hospital wants of that neighbourhood to establish a second building within so short a distance of Sir Patrick Dun's. Economical considerations would have suggested, instead of such an arrangement, an enlargement of Sir Patrick Dun's; but when the impelling motive is self-interest, and we use the word in no disparaging sense—considerations of this kind are apt to be overlooked.

278. During the progress of the inquiry the question of amalgamating this hospital with Sir Patrick Dun's was mooted, but as the only amalgamation which would effect a financial saving would be a brick-and-mortar one, there is an initial difficulty in the want of the necessary funds to enlarge whichever of the two hospitals might be selected as the future amalgamated hospital. Assuming however, that these funds would be forthcoming and that other obstacles of a moral rather than a physical character could be surmounted the united incomes of these hospitals would suffice to maintain about 140 beds in the amalgamated institution. The advantages to be derived from amalgamation are obvious, but, for the present at least, the difficulties in the way of it are, we fear, too many to be readily overcome.

279. As a natural consequence of the origin of this institution the purchase system at once grew up, for, as the founders had sunk their capital in the enterprise, it followed that they were anxious before retiring to realize the value of whatever interest they might have acquired. Hence each succeeding physician or surgeon paid the outgoing officer or his representative, a certain sum which went on increasing in amount in proportion to the growth of the prestige of the hospital, until at last the payments became so large as £1,200. It was time then for the lay members of the Board to interfere, and, accordingly, in 1875, a deed was executed by which it was arranged that in future, on the occasion of a vacancy, the outgoing officer was to receive £100 less than the sum which he himself had paid, until the purchase system had been altogether abolished.

280. As the institution had been originally founded by medical men, it was to be expected that the right of electing to vacancies in their number would at first be exercised by the medical staff only, but under the deed to which we have referred, it was arranged that in the case of future appointments, three names were to be submitted to the Board by the medical staff, and that the selection by the Board should be confined to one of these names. This is a step in the right direction, but it leaves too much in the hands of the medical staff, and we think it not improbable that when the purchase system has ceased the lay members of the Board will not be content with this restriction in their choice.

281. This hospital has always had a great reputation as a clinical school, especially for operative surgery. It has, therefore, always attracted a large attendance of students, and, at the date of our inquiry, had a larger daily attendance than any other hospital in Dublin.



282. The average daily number of beds occupied throughout the year was 70, and the gross average cost per bed was £20 11s. 6d., of which £28 5s. 9d., represented the amount spent upon the maintenance of the patient. These averages are undoubtedly high, but it was explained that the hospital did an enormous amount of surgical work, "twice as much surgical work," it was stated by one witness, "for its size, as any other hospital in Dublin, and that the surgical appliances and general work to be done in connexion with severe operations were very expensive."

283. The nursing arrangements are admirable. There is a nursing institution in connexion with the hospital for nursing purposes, but financially independent of it and under a separate management. Its origin is explained at length by Lord Justice FitzGibbon in his very interesting and valuable evidence—

"In the City of Dublin Hospital," he relates, "our attention was first called to the deficiency of the nursing through the Report of the Hospital Sunday Committee. Our former system was the old inefficient one,—we had a matron of no medical training and we had nurses of the ancient type."

Accordingly, it having been determined to introduce reforms, the first proposal was to affiliate the hospital with an independent nursing institution, but as it was doubtful whether under such arrangements the Board could maintain the undenominational character of the hospital, this proposal fell through, and thereupon seven members of the Board subscribed a sum of money and registered themselves as a "Limited Liability Company," for the purpose of starting a nursing institution of their own.

284. The institution of which the Lord Justice is Chairman was founded on the 1st January, 1884; and within the two years which had elapsed when he gave his evidence, it had belonging to it thirty nurses and probationers, of whom the greater number were qualified to attend private cases. The institution receives £1 is. a week for every nurse going out, or 10s. 6d. a night, and it pays the nurses their wages. Its connection with the hospital is thus explained by the Lord Justice—

"We pay the whole salary of the Lady Superintendent, that is £100 a year, and we also maintain, clothe, and board from eight to ten probationers, who are receiving their training in the hospital; while the hospital pays for its nursing only the wages of the staff nurses and a few extra attendant nurses for fever and for night work."

285. We have referred at some length to the nursing arrangements in this hospital because they afford a striking example of the advantages which are capable of being derived from the inspection of hospitals by such a body as the Committee of the Hospital Sunday Fund, and from the system upon which contributions from such a fund are assessed. In the case of the City of Dublin Hospital, the adoption by the Board of the present system of nursing was no doubt influenced by their desire to obtain a larger share in the distribution of that fund by effecting improvements in a branch of their administration in which they had been found deficient.

286. We have also been at some pains to describe these arrangements, because they reflect the highest credit upon those members of the Board who, entirely at their own risk, embarked substantial sums in the enterprise which has resulted in the present system of nursing. With a Board, whose members possess so much energy and public spirit, it is not surprising that the income of the hospital has increased from £1,186 in 1853 (according to a return furnished to the Select Committee of 1854) to £4,741 in 1884—the amount received from subscriptions alone in the latter year being more than double the entire income in the former period. It is to be noted, moreover, that, with the exception of £300 a year from the Corporation, the City of Dublin Hospital has been always supported by voluntary subscriptions.

287. The hospital is managed by a Board of Directors, the members of which are elected by the Board. No qualification is necessary, but it is generally expected that a Director will qualify as a Life Governor by a payment of twenty guineas on his election.

288. The medical staff are *ex-officio* members of the Board of Directors. A person becomes a Life Governor by paying twenty guineas to the funds of the hospital, and as such he has the right of sending patients for admission, while he can keep a bed occupied during the entire year in which his subscription is paid, but as a Life Governor he has no voice in the selection of the Board of Directors.

## XIV.—MERCER'S HOSPITAL.

289. This Hospital was founded in 1734, and is called after Mary Mercer, who leased the plot of ground upon which the present building is erected, and built thereon a

"Large stone house for the accommodation and use of such poor persons as may happen to labour under diseases of tedious and hazardous cure, such as the falling sickness, lunacy, leprosy and such other diseases or infirm poor persons as the trustees named by her, and such other trustees as should from time to time be nominated and appointed, should from time to time judge proper objects to be placed therein, as into an hospital not apart for the reception of poor infirm persons."

290. A special Act of Parliament, 23 Geo. III., cap. 18, from which the above quotation is taken, was passed for the purpose of giving effect to her intentions.

291. This Act provided that

"There should be a body corporate to continue for ever for the execution of the grant of Mary Mercer, and that the same should consist of the several persons named in the Act."

292. There were fifty persons named therein, of whom five were constituted members of the Corporation by virtue of their office, viz :—The Primate, the Lord Chancellor, the Speaker of the House of Commons, the Archbishop of Dublin, and the Archbishop of Tuam.

293. The Act also provided that

"Upon the death of any person or persons whose name or names is or are herein particularly before mentioned whereby a vacancy of a Governor shall happen, then that the Governors of the said Hospital or any five of them, shall by ballot, within two calendar months after the death of such person or persons respectively, elect some other fit person to be a Governor in the place or stand of every such person so dying; and as often as any vacancy shall happen in the place of any of the person or persons hereafter to be elected, some other person or persons shall in like manner be elected to succeed therein."

294. It also gave power to the Governors or any five of them to elect by ballot such fit person or persons, over and above the precise number mentioned in the Act, to be Governor or Governors of the Hospital, as they shall think likely to promote and encourage the charitable designs of Mary Mercer. The Governors were further empowered to make reasonable laws, rules, orders, and regulations, for the better government and management of the Hospital, and to revoke and alter the same at their discretion.

295. It was also enacted that the physicians and surgeons, two-thirds of them at least consenting, should have power, so long as they continued to attend the Hospital without fee or reward, to increase their number as they should see fit.

296. These, then, are the provisions of the Act under which this charity is constituted. Their fulfilment, however, by the existing Corporation, if, indeed, there be a Corporation in existence, has been of the most imperfect character. It appears by the evidence that neither have vacancies in the Corporation been filled up within the time specified, nor yet has the "precise number" of the Governors been maintained. Indeed the Corporation has practically been confined to the Medical Staff, who seem to have regarded the lay Governors as merely lay figures, and to have been actuated almost entirely by this feeling in their selection of persons to act, or rather to figure before the world as Governors. As a natural consequence no qualification seems to have been required of a person seeking election. Formerly to entitle any one to act as a Governor it was necessary that he should either give a donation of twenty guineas, or pay an annual subscription of two guineas, but at the time of our inquiry this rule was treated as a dead letter, if it had not been actually repealed, and the persons elected were at liberty to subscribe or not, as they pleased.

297. A grave result of this state of things, which leaves the real control of the hospital in the hands of the medical staff, is that the purchase system, in its worst possible form, exists in this institution. It might have been, perhaps, impossible to have entirely excluded that system, owing to the fatal provision in the Act which allowed the medical staff not merely to appoint to vacancies, but to increase their numbers as they thought fit. But undoubtedly the system might have been modified, and made, indeed, to serve the interests of the charity, as it has been at Jarvis-street Hospital, if the requirement of the statute with regard to the filling up of vacancies had been complied with, and if a proper qualification for election had been insisted upon. The conduct of the medical

1478, 1880;  
1880, 1478,  
1834, 3707,  
3740.

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1491; 3607.

1421, 1596.

staff would then have been subjected to a wholesome criticism, and the abuses which have been allowed to grow up in connexion with the purchase system would have been checked. The system itself originated, according to Dr. Montgomery A. Ward, in the fact of the surgeons having at one time built an operation theatre with their own money, and having to that extent acquired a financial interest in the hospital. But we are inclined to think that with the singular power conferred upon the medical staff of adding to the number of hospital posts which are so keenly sought after by the profession, it would have originated without any such impetus.

298. Under it very large sums have been given for posts in connexion with the hospital. Three occasions are mentioned in the evidence on which the amount paid was £1,400; on another occasion £1,140 was paid. Then it was stated that in the event of a vacancy being caused by a resignation the major portion of the purchase money was paid to the outgoing officer, while the balance, a sum of about £250, was divided amongst the rest of the staff, but that if the vacancy was caused by death the whole amount of the purchase money was divided amongst the staff. This division of the spoil, however, amongst the medical officers for their own use, seems to have struck them as being open to objection, and accordingly an arrangement was made whereby the amount divisible amongst the staff was in future to go to the credit of an Improvement Fund for the purpose of building an operation theatre, and a dispensary—"the existing dispensary" being, according to the evidence of one witness "pestilential, and its accommodation perfectly disgraceful." No serious steps, however, appear to have been taken to carry out this intention, although, when the evidence was given, the Improvement Fund amounted to £750, exclusive of £1,100 left by the late Mr. Lodwich to the hospital for building purposes. Nor as a matter of fact has this sum of £750, constituting the so-called Improvement Fund, ever been transferred from the ownership of the persons who have subscribed to it, so that it has never appeared as an item in the accounts of the hospital, and indeed it would seem from an answer given by Dr. Ward, that its ultimate application to building purposes, or for that matter to any purpose not connected with the owners of the fund, was altogether conditional.

299. We have said enough to show that the management of this hospital calls loudly for the most drastic reform. We do not, therefore, propose to consider in detail the voluminous evidence to which we were obliged to listen, because, in the first place, the replies which were furnished to our queries, and upon which our examination was based, had never been considered by the Board, and were often upheld in turn by one witness and contradicted by another, while in the next place the evidence as a whole presents such a melancholy picture of the relations subsisting between certain members of the medical staff, as well as of the internal organization of the institution, that no good will result from making them more public than they have been made by the evidence itself.

300. We shall, therefore, only repeat that to render this old hospital what it might be, and what, from its situation it ought to be, one of the most useful of its kind in the City of Dublin, drastic reforms will be necessary, and that no reform is more urgently needed than the one which will take away from the medical staff the power of appointing to vacancies in, and of adding to, their number.

301. This reform, it is true, cannot be effected without legislation, but the existing corporation ought not to resist it, seeing that it is very doubtful whether they have any legal existence, having regard to the manner in which the requirements of the Acts under which they were created have been violated.

#### XX.—THE NATIONAL EYE AND EAR INFIRMARY.

302. This Hospital, which, like St. Mark's, is devoted solely to the treatment of affections of the eye and ear, was established in 1814 under the patronage of the Earl of Whitworth, then Lord Lieutenant, and claims to be the oldest institution of the kind in Ireland. It is governed by a board consisting of two trustees, the honorary secretary, and a committee of management, of which the two medical officers are *ex-officio* members.

303. There is accommodation in the building for twenty-six beds, nearly all of which are kept in constant use. The total income for 1884-5 was £1,054 2s. 8d., of which £100 was a grant from the Corporation, £420 from subscriptions, £126 from the Hospital Sunday Fund, and £373 from pay patients.

304. The gross average cost per bed was only £38 16s. 3d., being £2 7s. 4½d. less than the average at St. Mark's, while the average expenditure on the maintenance of the patient was £18 4s. 6d., or £1 5s. 3½d. more than the average at that hospital.

3224-3264. 305. As in our observations upon St. Mark's Hospital we have so fully discussed the question of amalgamating these kindred institutions, we shall now merely invite attention to the valuable evidence given on this and other questions by Mr. Swanzy and Dr. Fitzgerald, the Surgeons to this hospital.

#### XVI.—ST. JOSEPH'S HOSPITAL FOR CHILDREN.

3232 306. This institution was founded in 1872 and was the first special hospital for children opened in Ireland. In 1876 its management was transferred to the Sisters of Charity, by whom the present commodious building in Upper Temple-street was purchased in 1879. In the purchase, alterations, and fitting up of the buildings which constitute the hospital, a sum of nearly £8,000 had been expended by the Sisters up to 1885.

3516 307. There was accommodation in the hospital for 80 beds in 1884-5 and there were actually in the wards 60 beds of which, however, only 36 were occupied, owing to the smallness of the funds at the disposal of the Sisters. During that year 284 cases had been treated.

3564 308. The institution is governed by the Sisters who are entirely responsible for its support and management. Three of the Sisters attend constantly in the wards, assisted by wardmaids and a night nurse. One Sister acts as secretary and accountant, another supervises the cooking, and another the laundry.

3532 309. A result of their self-devotion and disinterested services is that the gross average annual cost per bed is very small. In 1884-5 it amounted to only £19 19s. 6d., of which sum £12 6s. 6d. was spent on the patient.

3534, 3563 310. In the face of so low an expenditure no advantage would be gained on the ground of economy by having separate wards for children in the general hospitals, while we believe that it is now generally admitted by the profession that children's diseases ought to be treated in special hospitals.

3544 311. That there is great need of a large and well-supported hospital of the kind in Dublin cannot be doubted, and when we consider the healthy situation of this institution, the commodiousness of the building, and its excellent management, we regret extremely that, owing to the want of funds, its sphere of usefulness has been so much restricted.

#### XVII.—THE DUBLIN ORTHOPÆDIC HOSPITAL.

312. This hospital, established for the treatment of deformities in children, was founded in 1876. It is governed by a committee of ladies and gentlemen elected by the Governors at their annual meeting.

313. The total income for the year 1884-5, including a balance to credit of £295 18s. 1d. was £1,328 17s. Of this sum £100 was granted by the Corporation, £144 7s. represented the allotment from the Hospital Sunday Fund, and the balance was derived from voluntary subscriptions, &c. The total expenditure was £1,071 8s. 8d.

314. There were 35 beds available for patients, but the average number in daily use throughout the year was only 21. The average cost per bed was £51 0s. 5d., of which £16 17s. 9d. was spent on the maintenance of the patient, £26 9s. 10d. on the maintenance of the establishment, and £7 12s. 10d. on management. The item for maintenance of establishment is high for a children's hospital, but is explained by the fact that many costly appliances are supplied to the patients free of charge.

315. This institution does very useful work, but it seems to us doubtful whether there is any necessity for a special hospital of this kind, as a children's hospital would appear to be the proper place to which young children should be sent for the treatment of deformities, while older children might be treated in a special ward of a general hospital. But in any case there can be no justification for the existence of two orthopædic hospitals in Dublin.

3314 316. We learned with regret, therefore, that the Board of the National Orthopædic Hospital had declined to entertain the proposal which was made by the Board of this hospital to bring about an amalgamation of the two institutions.

## CONCLUSIONS.

317. Having now reviewed the circumstances of each institution, we are in a position to discuss the hospital question as a whole, and, by pointing out wherein the present system is defective, to suggest the remedies which are needed to render these institutions more effective instruments for the advancement of medical knowledge, and therefore of greater service to those for whom they are primarily intended.

318. The first point which calls for notice, and which indeed is so obvious as to strike the most casual observer, is the large number of hospitals in Dublin, both general and special, there being no less than ten of the former and nine of the latter class, exclusive of the Hospital for Incurables. Upon this point Mr. William Thomson thus commented in his valuable evidence:—

Excessive  
Number of  
Hospitals.

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"There is," he observed "no place in the United Kingdom, or in the world, I may say, which has so many hospitals in proportion to its population as Dublin. It has a great many more than New York, a great many more than any of the large cities in the world. I have made a careful note as to the hospital accommodation and population of several of the great centres, which may be useful for purposes of comparison."

And then he goes on to show that while Dublin has ten general hospitals with 919 beds occupied in 1884-5, to serve a population of about 250,000, Liverpool has only four with 613 beds available to meet the wants of a population of over half a million; Manchester only two with 440 beds, for a population of nearly 400,000; Birmingham two with 400 beds, for 400,000 people; Glasgow, two general hospitals with 600 beds, for a population of 487,000; and Edinburgh one, the Royal Infirmary,—with 600 beds, for a population, including Leith, of 286,000, which moreover is not intended to meet the wants of that population only, but is "open to all the curable distressed, from whatever corner of the world they come, without restriction." On the other hand, Dublin hospitals, like the Royal Infirmary at Edinburgh, are not confined to the population in and around the city, a large number of patients—about one-fourth of the whole coming from the country.

4058.

319. This fact does not altogether explain why there should be so many more beds in daily use in Dublin than in the other cities referred to in Mr. Thomson's evidence, but Dr. Anthony H. Corley gives a further explanation which we think accounts for the difference. Referring to an observation made by another witness he observes—

Appendix  
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"I am not of opinion that 1,500 beds would be too much for our wants, although in Edinburgh they may do with 600, and my reason for saying so is this—that the lower classes are more steeped in poverty here, and have not provided, as they do in England and Scotland, for a rainy day, and the only alternative when these people are overtaken by disease or meet with an accident is to send them into the Union. Even at present I think many cases go into the Unions that are proper to be treated in our hospitals, and I think that is a mistake and to be regretted, because once a pauper always a pauper, and if these people once lose self-respect, if they break up their little homes and make their way into the Union, they are lost to society and may almost to a certainty be regarded as paupers henceforward."

And the witness went on to say—

4179.

"I don't at all agree that we are over-bedded; we are over-hospitalled, no doubt, but we have not too many beds."

We believe that this account is correct, and that hospitals in England and Scotland are relieved of a class of patients who here frequent them, owing to the fact that so many of the industrious poor there are members of Sick Friendly and such like Societies, and are attended in their own homes if they are unable to go for advice to the dispensaries connected with these Societies; while Dr. Reginald Harrison expressly stated that in Liverpool the hospitals are very largely relieved owing to this cause.

4603; 4627;  
4628; 4629;  
4633.

320. But, whatever may be said as regards the number of beds, there can be no doubt, as was freely admitted by the most eminent members of the profession examined by us, that there are far too many hospitals in Dublin, and that the effect of there being so many has been, as we shall show when we come to deal with the financial branch of this question, to add largely to the "establishment" expenses and, by frittering away the number of beds among so many hospitals, to diminish the opportunities for clinical instruction.

4167.

Circumstances accounting for the excessive number of Hospitals.

321. A variety of circumstances accounts for this state of things. Some of these hospitals owe their origin to the instincts of benevolence in the last century, when the condition of the suffering poor was first beginning to attract attention, and when medical men began to recognise the necessity of such institutions in the interests of the advancement of their science. We allude to Dr. Stevens's, Jervis-street, Mercer's, the Menth, and Sir Patrick Dun's, and it is curious to note that with the exception of Mercer's, all of these were founded either directly by, or through the instrumentality of medical men. These hospitals are governed either by Acts of Parliament or charters of their own, which, save in the case of Jervis-street, impose such restrictions either as regards the number of the Governing Body or in the mode of electing the medical staff, or as to both, as to render any change in the constitution of the Board or of the staff a matter of great difficulty. With such hospitals, it was almost inevitable that others would be started with the view of breaking the monopoly which the former, by having been first in the field, had acquired for themselves. In the hospitals which we have mentioned, with again the exception of Jervis-street, the medical staff are, we believe, entirely of one creed, Protestant, and this is so, not because there is anything in their constitutions which requires that the medical officers should profess that religion, but because having been founded in the days when it was the dominant creed, the traditional practice was always in favour of selecting Protestants, while it must be admitted that until lately the Roman Catholics did not possess the educational advantages enjoyed by the Protestants. It is not surprising then that such institutions as the Mater Misericordiae and St. Vincent's should have sprung into existence, for although the influences of religious zeal must not be overlooked in accounting for their origin, it is almost certain that the need of such institutions, as places where Roman Catholic medical men might look for the means of acquiring professional reputation, lent an impetus to the movement in favour of starting them which would have been weaker, if not ineffectual, without this propelling cause. The Adelaide, too, is an instance of an hospital which owes its origin to the influence of religion, but it is the only institution of the kind in Dublin which is avowedly intended for the members of one creed. Of the House of Industry Hospitals we have already spoken at such length that it is only necessary to say here that they were founded in connexion with the old Poor House, and that they belong really to the Union system, to which they will doubtless be restored; while the City of Dublin Hospital, though a most useful institution, ought never to have been built in its present locality, and, perhaps, would never have been established if the Act of Parliament, under which Sir Patrick Dun's was constituted, had not imposed certain restrictions in connection with the choice of its medical staff; and if surgical cases had not, at the time, been excluded from that hospital. The considerations upon which we have just dwelt will, perhaps, explain how it has happened that so many general hospitals have been founded in Dublin, and will also suggest difficulties in the way of amalgamation, though we should hope that our recommendations, if accepted, will enable them to be overcome.

322. Dealing, however, with things as they are, the question is can anything be done now to reduce the number of these institutions, and upon this question the evidence given by Professor George Sigerson, Mr. William Thomson, and Mr. Arthur Chance, will be read with great interest and profit.

323. Assuming a *tabula rasa*, Mr. Chance considered that there should be in Dublin only three general hospitals, each with 400 beds, one situated in the open ground on the northern boundary of the city, one in a similar position on the southern boundary, and a third in the centre of the city. He was forced, however, under existing circumstances to consider this a Utopian project, but nevertheless he hoped that any re-arrangement which might be carried out would tend towards its realization.

324. So far, however, as the northern boundary is concerned there is no occasion to improve upon the existing state of things, as the Mater Misericordiae, both as to site and size, is just the institution contemplated by Mr. Chance in his ideal scheme—nothing but the requisite funds being wanting to enable it to maintain the 300 beds which under his practical scheme he proposes to allot to it. Then, too, in Jervis-street Hospital with its spacious new building, we have the central hospital which his ideal scheme proposes, though perhaps its situation is not quite as convenient as might be selected if there were no building in existence. To this institution Mr. Chance, by his practical scheme proposes that 300 beds should be allotted, but unfortunately it stands greatly in need of funds, not only to maintain the number of beds which it can now accommodate, but to enlarge it so as to provide room for the quota of 300 beds. It is, however, most important to remember that if the House of Industry Hospitals

40 Geo. III.,  
cap. 34, sec.  
26 (Irish).  
3335.

4004; 4007.

Scheme of  
Hospital  
Amalgamation.

4007.

should be absorbed in the system of the North Dublin Union, there are in existence on the north side of the City two institutions capable of supplying the requisite bed accommodation and, on the whole, admirably suited for hospital purposes; nor can we think that the financial difficulties will be insuperable when we consider that the incomes of all the existing hospitals would, if redistributed, afford a revenue sufficient to maintain the requisite amount of hospital bed accommodation in Dublin.

325. Proceeding to the south side, Mr. Chance's scheme resolved itself into a suggestion that if it were practicable, Sir Patrick Dun's and the City of Dublin Hospital should be amalgamated, and that the existing Meath Hospital should be enlarged. To each of these new or rather extended institutions, Mr. Chance proposed to allot 300 beds, thus bringing up the total number of beds to 1,200, which he considered would be equal to any demand that could be foreseen. This is in short Mr. Chance's scheme, and we were very glad to find that it was practically endorsed by Mr. William Thomson, who only differed with respect to the site of the large hospital which both he and Mr. Chance would like to see serving the southern district—Mr. Thomson preferring that the new hospital should be somewhere near Christchurch-place, while, as we have stated, Mr. Chance advocated the enlargement of the existing Meath. We also gather from Professor Sigerson's evidence that he is not averse to the scheme so far as the selection of the Mater Misericordie and Jervis-street Hospitals and the amalgamation of Sir Patrick Dun's and the City of Dublin Hospitals are concerned, though for the site of the fourth hospital he would much prefer that of the Richmond Bridewell, which, in the event of a recommendation of the Royal Commission on Prisons being adopted, would be at the disposal of the State.

326. The scheme for the South side, unlike that for the North, is confronted with more than financial difficulties. The financial difficulties exist too, and in abundance, but to amalgamate Sir Patrick Dun's and the City of Dublin Hospital conflicting interests would have to be reconciled, and, having regard to the constitution of the former, legislation would be required.

327. But in connexion with the fourth hospital other obstacles confront us. The wants of the district which this hospital would serve are now supplied by no less than five hospitals—Dr. Steevens's in part, Mercer's, the Meath, the Adelaide, and St. Vincent's. The last two have a distinctive character which it is not likely that they will consent to lose by taking part in any scheme of amalgamation; while as Dr. Steevens's Hospital has a sufficient endowment of its own, it cannot be forced by what we may term the "starving process" to surrender its individual existence for the benefit of another institution, though we are far from thinking that the Governors will refuse to join in a scheme for the general good of the community.

328. The Meath and Mercer's are, then, the only remaining hospitals from which an amalgamated hospital can be constituted. The Meath is the County Infirmary, and Mercer's is a public charity under the government of a Board which, as we had occasion to say in our report upon that hospital, may have become a lapsed corporation. With respect, therefore, to these two institutions, we think that arrangements might be made, through the aid of legislation, to place them under the control of the representatives of the ratepayers, to be dealt with as to them might seem proper.

329. We have discussed this question of amalgamation at some length, because we are convinced that for the sake of the patient, for the sake of the student, and for the sake of economy, it is all-important that there should be a reduction in the number of general hospitals in this city. All, of course, are agreed that a large hospital can be administered more cheaply than several small hospitals, while it is almost universally admitted by the medical profession that a moderately large hospital, say from 250 to 300 beds, affords much greater opportunities for clinical instruction than small hospitals can provide. Upon this question the evidence given by Mr. Thomson is so pertinent that we cannot refrain from quoting it at length:—

"My own experience," he says, "in Dublin, is that where we have two hospitals, one comparatively large and the other comparatively small, the former has just the class of cases that the students want to see. If you have only twenty surgical beds, and some of our city hospitals have less, the surgeons cannot afford to take in, for instance, a case of ordinary ulcer of the leg, or any other ordinary affection which the student must see and know, for they furnish a type of the class of cases that he will have to treat afterwards. A large hospital has the means, however, of taking in all these, and furnishes a general class of cases for the instruction of the students. The small hospital, not having the accommodation, must confine itself to picking and choosing its cases, taking in only those that are most urgent and most suitable for operation."

330. These observations were elicited by a remark of Professor Sigerson, which Mr. Thomson understood to be unfavourable to large hospitals from the point of view of

the students. But though the Professor is opposed to large, or rather to vast, hospitals not only on educational but also therapeutic grounds, he told us that for the purposes of clinical instruction a hospital should contain not less than 100 beds, while he also considers that a few hospitals of from 250 to 300 beds would be desirable, provided that they are established in healthy situations. Moreover, it would seem from one of his answers, that if the hospital were built upon the pavilion system, i.e., in detached blocks, with not more than 100 patients under one roof, his objection to a large hospital would be modified, and upon the question of amalgamation he states—

"I am quite of opinion that there might be an amalgamation of the different hospitals, and of course it would be for the Commission to consider what hospitals should be amalgamated, having regard to their position and to the requirements of the population generally."

And again when asked whether he would be in favour of uniting Dr. Stoevens's, Mercer's and the Meath, and of establishing a large new hospital to take their place, he replied—

"If you recommended the amalgamation of these three hospitals, which might be done with much advantage and convenience, you might have a suitable institution established upon the site of the present Richmond Bridewell."

We do not, therefore, by any means, regard Professor Sigerson as being opposed to such a Scheme of hospital organization as was suggested by Mr. Chance, and in its main features endorsed by Mr. Thomson.

331. Upon the question whether large or small hospitals are to be preferred upon therapeutic grounds, Professor Sigerson held views which were not accepted by either Dr. Dufsey or Mr. Thomson, though even here we think that their differences were rather on the surface than substantial. But with respect to this question, upon which as a technical one we do not feel competent to express an opinion, as well as to the question of cottage hospitals, which Professor Sigerson has made his own, we beg leave to refer to the evidence itself.

332. There is another feature peculiar to the Dublin Hospital system to which it did not need the appointment of this Commission to direct attention. We allude to the large proportion of medical officers as compared with the number of hospital beds.

333. Upon this matter, which concerns the profession, we prefer to speak through the mouth of one of the medical witnesses, more especially as no words of ours, even if we had the same right to speak, could express the truth so clearly or so well.

"One effect," observes Mr. Thomson, "of this multiplicity of hospitals in Dublin obviously has been to unduly increase the proportion of medical officers—of men attached to hospitals who get the reputation and position, and certain of the advantages that belong to the hospital surgeon or physician. There are thirty-eight surgeons and twenty-five physicians holding staff appointments in the general hospitals in Dublin, not to speak of oculists, gynaecologists, and assistant surgeons and physicians. This would give an average of fourteen beds to each physician or surgeon; but if we take up individual hospitals we find that there is even greater over-offering than these figures would appear to show. There is Mercer's for instance, with forty-five beds; it has three surgeons and two physicians, or an average of nine beds for each. The Meath, with 85 beds, has six surgeons and two physicians, or an average of ten and a half beds for each; and Jervis-street, with twenty-five beds, has seven surgeons and two physicians, or less than three beds for each."

In the case of Jervis-street, Mr. Thomson recognised that the comparison was not fair, owing to the hospital being in a state of transition caused by its enlargement.

"But," he observed, "take the number of 150 beds proposed to be opened in Jervis-street, for instance, it would give only fifteen beds to each of the seven surgeons and two physicians. In the House of Industry Hospital, with 150 beds, we have four surgeons and four physicians, with an average of nearly nineteen beds, and the Mater Misericordie Hospital with 160 beds, has three surgeons and three physicians, or an average of nearly twenty-seven beds for each. Comparing the number of beds given to hospital surgeons and physicians in Dublin, we find that in St. Thomas's Hospital, London, the surgeons have 85 beds each; in Birmingham, 69; in the Royal Infirmary of Liverpool, 50; in Edinburgh, the professor of clinical surgery has 63, the senior surgeon, 57; the second surgeon, 38; the professor of systematic surgery, 38; and a third surgeon, 33; and in Glasgow the surgeons have 50 beds each."

Having given these very striking figures, Mr. Thomson continued—

"The system in Dublin of over-offering our hospitals is not beneficial, to say the least of it, to the reputation of our School of Medicine. That school has had for years and has now a very great reputation. I am surprised that it has so great a reputation when one sees the way in which things are managed here, and the material that is wanted. Obviously, under the existing arrangements, men cannot be said to have the same amount of experience—that is perfectly clear. A man cannot have the same amount of experience with nine beds as a man in London or elsewhere with fifty. True, the man with nine may make a great deal more use of his opportunities than the man with fifty, but I am laying down the general principle that the larger the number of cases a man has, if he uses them properly, the greater benefit it will be to him and to the reputation of his school. The material for observation is scattered where you have a large number of small hospitals, instead of a few larger ones, as on the Continent and in the large towns of England and Scotland



and the medical concentrated in these. Then it is injurious to the profession itself, because, I need not say that where fifty or sixty hold hospital appointments, instead of only twenty, the chance that these men can attain is not likely to be so good. They have not the opportunities."

334. We can add nothing to the strength of this statement which, as we believe, not only expresses the truth, but correctly represents the general opinion of the medical profession in Ireland. We should point out, however, that in the case of Jervis-street Hospital and the Meath it would not be possible to reduce the staff without an amending charter or legislation, as in the case of the former the number of the medical staff is fixed by the Charter and in the latter case it is impliedly fixed by Act of Parliament.

335. There is yet another matter in connexion with the Dublin hospital system which we think is peculiar to it, or rather, we should say, to some of the Dublin hospitals. We refer to the purchase system, upon which we have already expressed our opinion.

4645.  
Purchase  
system

336. It seems to us that under this system, however safeguarded it may be, there is a possibility of the hospital, and so the public, being deprived of the services of the best men, while a poor man must have more or less difficulty in finding the man required. In holding this view and being entirely opposed to the system, we believe that we shall have the support of the medical profession generally, but we must not omit to say that on this important particular so eminent a witness as the Reverend Professor Haughton is not entirely of our opinion.

"I think," he observes, "that we ought not to condemn a modified system of direct purchase, if it be accompanied with the safeguard that the medical element shall not preponderate on the Board, so as to let the charity aspect of the institution disappear in its medical character."

3351.

We believe that the late Sir Dominic Corrigan was also in favour of the purchase system thus understood.

337. But although the system may legitimately exist in such an institution as the City of Dublin Hospital, founded as it was by medical men and dependent for its success upon their energies and abilities, or guarded as it has been in Jervis-street Hospital, where, too, the charity has benefited by it, it is absolutely indefensible in the form in which it has been permitted to exist in Mercer's Hospital, while under no circumstances ought it to be sanctioned in any hospital in receipt of State or municipal aid. We are, therefore, glad to find that Professor Sigerson, though not expressly condemning it, uses language from which we may gather that he entirely disapproves of the system and would be glad to see its abolition made one of the conditions upon which State aid should be continued. Referring to the mode of appointing to the medical staff of an hospital, he says:—

"The system, as it at present exists, is a combination of the system of purchase, which has been abolished in the army, and the system of selection by favour, which has been abolished all through the Civil Service and in the Navy. Two remnants of the former régime still exist, however, with regard to the hospitals. Now, if the State contributes a certain portion of the expenses for the maintenance of the hospitals, it might insist that a career should be opened to merit which is not supported necessarily by money or favour."

Professor Sigerson's description of the system under which, in some hospitals at least, appointments have been made to hospital posts is borne out by Professor Haughton, who stated with just pride that Sir Patrick Duane's Hospital was—

3350.

"Free from two great abuses that sometimes affect hospital working—that is the system of purchase and the system of nepotism."

338. Having now dwelt upon the main features peculiar to the Dublin Hospital system, we shall pass on to consider the financial position, merely promising that our conclusions will be based upon figures now two years old.

339. According to a Table prepared by our Secretary, the total income of the ten general and nine special hospitals in Dublin, excluding the Hospital for Incurables, was, in 1884-5, say, £70,000. This income was derived from the following sources:—Parliamentary (including Infirmary) Grants, £15,646 18s.; Corporation (including Grant of £600 to the Meath Hospital from the County of Dublin), £4,296; Investments, Rents, Annuities, £12,936 10s. 2d.; Subscriptions, £15,381 2s. 11d.; Bequests, £10,975 16s.; Hospital Sunday Fund, £3,572 16s. 1d.; Bazaar, &c., £1,133 2s. 8d.; Pay Patients, £3,130 1s. 1d.

340. It is important to note that the amount voluntarily subscribed represents about 8d. in the £ upon the total valuation of the city proper, and of those townships the inclusion of which within the municipal area was recommended by the Municipal Boundaries Commission of 1878.

Appendix F  
4651.

341. Out of this income 1,249 beds were maintained in 1884-5, of which 919 belonged to general and 330 to special hospitals, being at the rate of about £56 per bed.

342. We are inclined, however, to think that we may have rated the total income somewhat too high, as in the cases of Jervis-street and the Mater Misericordie, the figures returned in the Table are at least £3,000 in excess of the normal incomes as they were represented to us by Mr. Edward Stapleton and Dr. Christopher Nixon. But a total income of even £65,000 would suffice to support the above number of beds, if, instead of being frittered away among so many different hospitals, it could be judiciously distributed among a few large institutions. We shall, however, arrive at a better understanding of the financial question if we confine our attention to the 10 general hospitals. These hospitals are—on the north side—the House of Industry, Jervis-street, and the Mater Misericordie; and on the south side,—Dr. Steevens's, Mercer's, the Meath, the Adelaide, St. Vincent's, Sir Patrick Dun's, and the City of Dublin.

343. Adopting the figures given in the Table to which we have referred, the united incomes of these hospitals amounted in 1884-5, to £32,363, or, making allowance for the apparently excessive sums returned for the Mater Misericordie and Jervis-street, say £50,000. This total was thus made up:—Parliamentary Grants, £9,546 18s.; Corporation, £3,150; Investments, Rents, Annuities, £11,170 15s. 5d.; Subscriptions (including £368 7s. 6d. from Bazaars), £11,456 17s. 10d.; Bequests, £10,328 6s. 5d.; Hospital Sunday Fund, £3,557 7s. 8d.; and Pay Patients, £3,142, of which last item more than one-third—£1,196 10s. 2d.—represented the rates contributed by Constabulary Patients at Dr. Steevens's Hospital. By means of this income 919 beds were maintained in 1884-5, the average cost per bed being, therefore, about £54. Assuming, then, that this income could be regarded as being of a fairly permanent character and that a more economical distribution of it could be devised, it would be possible to maintain out of it about 1,000 beds, a number which we should have thought sufficient for the wants of Dublin and the provinces if care were taken to refuse admission to cases which properly belong to the Union, and which could be adequately treated there. It is right, however, to say, that Dr. Corley, Mr. Thomson and Mr. Chance were of opinion that provision should be made for 1,500 beds in the general hospitals.

344. The Commission, however, of which we have the honour to be members would not have been appointed but for the existence of the Parliamentary grant, and as the future of that grant will depend upon the decision which may be arrived at in consequence of our recommendations, it will be proper for us, in order to arrive at a correct appreciation of the financial question, to exclude its amount from our calculations. By so doing we shall be able to place in a truer light the circumstances of the Dublin hospitals, and to more accurately estimate their prospects.

345. Withdrawing the amount of the Parliamentary grant, the total income of the general hospitals is reduced to about £40,000, of which, including the Corporation grant, scarcely £15,000 a year is derived from permanent sources.

346. If this income were likely to continue and were expended upon the maintenance of two or three large institutions, it would be possible to support between 700 and 800 beds which, according to the evidence, would be clearly inadequate.

347. Distributed, however, as the income is at present, it would be rash to assume that this number could be maintained. But to appreciate the position more clearly, let us for the moment confine our attention to the hospitals on the north side of the city, and see how they would be affected if there were no Parliamentary grant. The House of Industry Hospitals, with their 150 beds, would be closed, and the united incomes of Jervis-street and the Mater Misericordie, which, as was shown by the evidence, cannot be reckoned at over £6,000 per annum, would be the sole fund for maintaining not only their present beds, but the additional beds for which accommodation ought to be provided in these hospitals, to meet the wants of the industrious poor who have hitherto been treated in the House of Industry Hospitals. The result would be that for the north side of Dublin which, in Mr. Chance's opinion, requires 600 hospital beds, and for which there were 335 beds maintained in 1884-5—viz., 150 in the House of Industry Hospitals, 25 in Jervis-street, and 160 in the Mater Misericordie—there would in future be available only the number of beds which the last mentioned hospital might be capable of maintaining; because, as we have already shown, until Jervis-street Hospital has discharged its building debt, and its income has been largely increased, it will be impossible for it to meet in any degree worth mentioning the additional demand for accommodation caused by the closing of the House of Industry Hospitals.

348. With regard to the general hospitals on the south side of the city, the case would be different, as only the Meath, Dr. Steevens's, and Mercer's are in receipt of grants from Parliament, the grant to the latter being the small sum of £43 12s. 5d. under the

Act, 5 Geo. III. cap. 20; but the number of beds maintained by them in 1884-5, 584, though sufficient, perhaps, for the wants of that side, would not enable them to receive patients from the northern parts of the city, while the additional beds that would be required to meet the pressure arising from the closing of the House of Industry hospitals, and the inability of Jarvis-street to supply their place, could not be provided without a large increase in the incomes of those hospitals.

349. In these circumstances it seems to us clear that unless the income of the general hospitals in Dublin derived from sources other than the parliamentary grants is capable of very considerable expansion, their withdrawal would be attended with most disastrous consequences.

350. But how shall we justify their continuance? To answer this question we must inquire into their origin.

351. We have alluded, in the course of our report, to the support which had been accorded to charitable institutions by the Irish Parliament. In according such support it may be thought by some that the Parliament undertook what ought to have been left to private effort, and that in no case ought the grants to have been made from the general taxation of the country.

352. We are not, however, of this opinion. In those days, before compulsory provision was made for the relief of the poor, hospitals, especially such as were connected with a House of Industry, supplied the wants which are, or rather ought to be, supplied by the union hospitals; and when we remember that the House of Industry in Dublin was practically the sole one in the country, and that, to quote from the Report of 1809, "it received all persons who offered themselves for admission at the gate indiscriminately from all parts of Ireland," the annual grants made for its support by the Irish Parliament should be viewed as being rather of the nature of a rate levied off the entire country for the relief of its destitute poor.

353. By a clause in the Act of Union the Parliament of the United Kingdom was bound to provide that a sum not less than the sum granted by the Parliament of Ireland on the average of six years immediately preceding the first day of January in the year 1800, for the maintaining institutions for pious and charitable purposes, should be applied for the period of twenty years after the Union to such local purposes in Ireland, in such manner as the Parliament of the United Kingdom should direct.

"The Parliament of the United Kingdom has not, however," to quote from the Report of the Select Committee of the House of Commons appointed to inquire into the Irish miscellaneous estimates in 1829, "confined its liberality within the restrictions prescribed by a rigid fulfilment of the articles of the Union." Not only were the grants continued to such institutions as the House of Industry, but grants were given to institutions which had not previously been in receipt of them, notably in the cases of Cork-street Fever, Dr. Steevens's, and the Lying-in Hospitals.

354. The question of continuing these grants appears to have been raised for the first time in 1829, when the Select Committee of which we have just spoken was appointed to inquire into them. Having shown that the engagements entered into at the Union had not only been fulfilled, but had been greatly exceeded by the liberality of the Parliament of the United Kingdom, the Committee proceeded to observe that

"The estimates referred to their consideration are no longer founded upon stipulations, but are to be defended upon the grounds of necessity and expediency applicable to all other branches of the public expenditure."

In their special reports upon the Lying-in Hospital, Dr. Steevens's Hospital, the Fever Hospital, and the Hospital for Incurables, the Committee in the absence of sufficient information to enable them to decide on the merits of these hospitals, recommended to the Irish Government to institute a strict inquiry into these establishments during the recess, and that the result of such inquiry should be laid before Parliament. The principles on which alone, in their opinion, any fair claim to public assistance on the part of these establishments could be advanced, are the following:—The proved utility of the charity, the improbability of its maintenance by private aid only, the contribution of funds locally raised by subscription or taxation, and the strictest economy in salaries and all expenses.

"The Committee," proceeds the report, "consider that whatever may be the claim which, subject to these limitations, the City of Dublin may possess on the liberality of Parliament, it does not appear just or expedient that the adjacent counties should be placed on any other footing than that on which the more remote parts of Ireland stand, where the public charities are maintained by local taxation and private contribution, and that consequently such establishments as may hereafter be considered entitled to public aid should be strictly limited for the relief of distress arising in the City of Dublin."

355. In consequence of this recommendation a committee was appointed by the Lord Lieutenant to report on the following charitable institutions in the City of Dublin, viz.:

Origin and  
History of  
Parliamentary  
Grants.

—The Lying-in, Dr. Steevens's, Cork-street, the Lock, Incurables, and House of Industry Hospitals.

356. This committee, to whose report we have so frequently referred, adopting the principles laid down by the Select Committee, arrived at the conclusion that the grants should be continued to all these hospitals, though in the cases of the Lying-in and the Cork-street Fever Hospitals they were of opinion that the grants might be reduced.

357. The principle of "utility" was, of course, capable of a very wide application, but in the Commissioners' Report on the Lying-in Hospital we note with pleasure that the utility, or rather, as they observed, "the national utility" of the institution appeared to them to consist in the fact that "it affords instruction in midwifery to male and female students."

358. The connexion of the principle with the instruction afforded by a hospital seems not to have escaped the notice of the Lord Lieutenant, as, in the Chief Secretary's letter to the Commissioners, in which their attention was directed to the particular points on which His Excellency was anxious to be informed, "the objects of humanity and the promotion of medical and surgical science" are coupled together.

359. In 1842 another inquiry was instituted. The Poor Law Act of 1839 had been in operation for two years, and in view of this measure, which for the first time in Ireland made compulsory provision for the relief of the poor out of local rates, it was felt that grants from the general taxation of the country to Dublin hospitals in which were treated so many of the poor who would otherwise be entitled to relief and treatment in the Union, required to be justified upon much stronger grounds than any which had hitherto been put forward.

360. Accordingly, Earl de Grey, who was then Lord Lieutenant, appointed a Commission consisting of Mr. George A. Hamilton, who subsequently filled the office of Permanent Secretary to the Treasury, Mr. David Charles La Touche, and Mr. John Barlow, to report on certain charitable institutions in Dublin receiving grants from the public funds. The reasons which actuated His Excellency in appointing the Commission are explained in the letter enclosing their warrant, and addressed to them by Mr. Lucas, the Under Secretary:—

"These institutions," he states, "have afforded matter for serious consideration to His Excellency. He sees charities partially, mainly, and in some instances entirely supported by public grants, while no such support is given to similar institutions in other parts of the Empire. When these grants were originally made peculiar circumstances may have operated, and no doubt did, to justify them here, which circumstances did not apply elsewhere. His Excellency is desirous to satisfy himself to what extent circumstances will now justify the continuance of those grants with or without modification; for not only as a public duty is he called upon to satisfy himself upon this point, but it is also due to the institutions themselves; for there can be no question but that public grants inordinately bestowed have a tendency to check private benevolence."

361. The hospitals which were included in the Inquiry were the Lock, Lying-in, Dr. Steevens's, Cork-street Fever, the Meath, and the Hospital for Incurables, and, save in the case of the Meath, the Commissioners recommended that the existing grants should be continued. They considered that the grant to the Meath, which, as has been stated in our report upon that institution, was given in connexion solely with fever cases, might be withdrawn, as provision, they thought, might be made in the Cork-street Fever Hospital for the reception of such patients as had hitherto been received in the Meath.

362. The grounds upon which the Commissioners supported their recommendations were, in effect, the inability of the citizens to maintain these institutions without State aid and the interests of education.

"Immediately after the Union," they state, "Dublin, it may be said, ceased to be a metropolis as regards the wealthy, while it continued a metropolis as regards the poor; and in an inconsiderable degree it has remained so since. The cause, therefore, which induced those who framed the Articles of Union to introduce stipulations into that measure as regards Dublin appear to us to be still in extensive operation."

Then, in connexion with the second ground, they remarked that—

"These institutions should be considered, not so much in the capacity of local as of national establishments designed either as schools of instruction for the medical profession generally, or as institutions for the maintenance of public health and safety."

363. Anticipating that objection would be taken to the ground of poverty in consequence of the legislature having in the interval since the Union imposed upon each locality the duty of maintaining its own poor, the Commissioners proceeded to make a case for the separate existence of general hospitals as distinguished from union infirmaries.

"Regarding them" (i.e. the former), they observed, "as institutions intended for the relief of persons not necessarily paupers; regarding some of them, also in their secondary object, as schools of medical instruction,

we think it would be unwise to make *ghazis* branches of establishments designed exclusively for the relief of paupers."

#### And advertising—

"to the effect which as important a measure as the introduction of the Poor Law system and the opening of two large poor houses is likely to have hereafter upon these institutions (*i.e.* hospitals) as respects the necessity and means of maintaining them and their claims upon Government for support."

#### The Commissioners proceeded to state that—

"Although the pressure upon some of the hospitals had been diminished since the opening of the workhouses we are not of opinion that the necessity for such institutions can be ever superseded by the workhouse system, even if it should happen in the course of time that, by the continued diminution of the pressure for admission into them, or by the increased wealth of Dublin, it should cease to be necessary that they should derive any part of their support from Government funds."

364. The arguments, however, which were used by the Commissioners in support of their recommendations do not seem to have carried much weight—at least with the House of Commons—for we find that in 1848 the Select Committee appointed in that year to inquire into the Expenditure for Miscellaneous Services observed in their Report that the Commissioners appointed by Lord de Grey

"Appeared to have paid little attention to the fact stated in his Excellency's letter, that no such support is given to similar institutions in other parts of the Empire, while the only reason for which a different rule might be adopted in favour of Ireland has long since ceased, namely, that a clause was introduced into the Act of Union," &c., &c.

#### The Select Committee accordingly

"Recommended a progressive diminution in those votes (*i.e.* for Irish Charities) with a view to their final cessation, having due regard to the peculiar circumstances of each individual case."

365. In accordance with this recommendation the grants to these several hospitals mentioned above were diminished each year by, in some cases, ten per cent., until 1854, when in consequence, presumably, of the straits to which some of the hospitals had been reduced by the curtailment of the grants and of the injurious effects anticipated therefrom as regards medical education, a Select Committee of the House of Commons, of which the late Lord Mayo, better known in connection with Irish affairs as Lord Nass, was Chairman, was appointed.

"To inquire into and report upon the expediency of the grants made from the public funds to the hospitals in the city of Dublin, and how far the circumstances of those institutions and their utility as a Medical School require the continuance of such grants."

366. This Committee disposed of the recommendation of the Committee of 1848 by stating that in their opinion "the decision (of that Committee) had been arrived at without sufficient investigation, as no witness connected with the hospitals or the city of Dublin was examined by the Committee," and, as we have often stated in the course of this Report, they recommended that the grants should be continued, fixing the amounts which they considered would be sufficient in each case.

367. The Select Committee of 1854 based their recommendations upon three grounds, but mainly upon one—the educational ground. In describing the first, we adopt the language of the Committee.

"From the year 1188," they stated, "until the Reformation a large amount of medical relief was afforded to the poor of Dublin through the medium of monastic institutions, particularly of that of the Priory of St. John in Thomasstreet. When religious houses were generally suppressed the property belonging to the Dublin monasteries was sold, while that of St. Bartholomew's and St. Thomas's in London was re-granted by the Crown and now forms the ample endowment of those institutions."

368. The inference which the Select Committee desired should be drawn from this statement was, of course, that as Dublin had been robbed in the past, and had not had restitution made to her, as was made in the case of London, such restitution should be made now in the shape of a continuance of the grants. But, in the first place, such a ground ought not to be accepted without a much more exhaustive historical investigation than was given to the subject by the Select Committee, who made their statement upon such evidence as was submitted to them by the late Sir William Wilde; while, even if we were certain that the statement is historically correct, we could not admit it as a ground for compensating the poor of Dublin for an act of spoliation now more than 300 years old, more especially as for anything we know there are cities in England and Scotland which would have as good a claim to compensation.

369. The second ground was the old one which had hitherto done such service—the inability of the citizens to support such institutions—

“Either by voluntary subscription or local taxation.”

The third ground, however, was the main one upon which the Committee relied—

“A medical school,” they observed, “of the highest repute has been established in Dublin, which is almost entirely dependent on the indirect mode of support by Parliamentary Grant, to these hospitals. The system of instruction pursued appears to possess many advantages. Sir Benjamin Brodie has stated in his evidence that its continuance is, as a national object, very important.”

And they concluded their report by stating that in their opinion—

“The withdrawal of these hospital grants would occasion the ruin of this great educational system, and that at a time when Parliament has shown so manifest a disposition towards the diffusion of knowledge, and the encouragement of science and art, they hoped that it would not hesitate to provide an adequate sum for the development of that science which is most beneficial to mankind.”

370. Dr. South's Commission was appointed by the Lord Lieutenant in 1855, for the purpose of carrying out the recommendations of the Select Committee, and since 1856-7 the grants have been made in accordance with those recommendations, as modified by Dr. South's Commission.

Summary of  
History of  
Grants.

371. We have now traced, as briefly as it was possible, consistently with the importance of the subject, the origin and history of these annual grants to certain Dublin Hospitals. Prior to the Union they were practically confined to the House of Industry, and may be regarded as having been in the nature of a poor-rate levied off the entire country for the benefit of an institution which admitted paupers from all parts of Ireland. Between the Union and 1829 they were made in accordance with a stipulation in the Act of Union. From the latter date until 1829 they were continued apparently without question and presumably on the ground of expediency, while from 1829 until 1842 they were justified on the ground that the institutions which received them were of general service to the community—their educational utility, though not overlooked, being then but faintly recognised. In 1842 the educational ground was advanced more prominently, and from 1854 it became the most important ground. It is of course the only ground which can for one moment be admitted; for, apart from it, if hospitals, as distinguished from Union Infirmaries, be requisite for the welfare of the community and cannot be adequately supported by voluntary subscriptions, they can have no possible claim to support from the general taxation of the country, but must be dependent upon the local rates. But is it a sufficient ground for continuing to hospitals in Dublin a support which, in the words of Earl de Grey, is “not given to similar institutions in other parts of the Empire?”

372. If the propriety of the State giving assistance to hospitals in the interest of medical education were being considered by us as an abstract question, we should be disposed to express ourselves in favour of such aid being given on the ground that it is all-important to the State as representing the community at large, that the standard of medical knowledge should be raised to the highest possible pitch. And if it were objected to us that the State did not assist the lawyer, or the engineer, or the architect, in acquiring instruction in their professions, we would reply that, in the case of the lawyer most certainly, the State did by establishing and maintaining Courts of Justice, supply him with the means of acquiring a practical knowledge of his profession. To the student of law the Courts of Justice play the same part and education, which the hospital does to the student of medicine. It would be possible to acquire a perfect theoretical knowledge of the sciences of law and medicine without such material aids; but if the lawyer has not sat in court and listened to the manner in which cases are handled by the leaders of his profession, his knowledge will not of itself enable him to conduct his case successfully, and so, too, the young surgeon may have acquired from books a perfect knowledge of the anatomy of the human body, but without having walked a hospital his theoretical knowledge will not enable him to perform a successful operation.

373. The abstract question, however, is not before us, and we must again ask ourselves whether the educational ground by itself is sufficient to justify the continuance in any form of State aid to Dublin hospitals.

374. When this ground was relied upon by the Select Committee of 1854 it was not the sole ground, and although it was the only sound one, we are sure that it would not have been put forward if the Committee had not believed that the citizens of Dublin were unable to maintain the hospitals without these grants.

375. They felt, however, that the ground of poverty was one which could not be sustained in the face of the Poor Law, and therefore they made the most of the educational ground.

376. But if we reject the ground of poverty, and if the evidence which we have received and the facts which are patent go to show that the capacity of the citizens to maintain these institutions and to add to their number has been much in excess of what was thought possible by the Select Committee, though we admit that it is still far from sufficient without assistance from the local rates, shall we be justified in recommending the continuance of State aid solely for the sake of the educational system which is connected with the hospitals? In short, if the existing hospitals were all able, as some of them would not be, to maintain their present number of beds without such aid, should we still be justified in recommending its continuance?

377. We believe that we should be, not, it is true, because the opportunities for clinical instruction, such as they are, would be diminished by its withdrawal, for, *ex hypothesi*, they would not, but because we are convinced that the defects of the hospital system, to which we have already called attention, are so fatal to the well-being of the Dublin Medical School and are so difficult to cure, that no public money could be more profitably expended than that which would aid in removing them and in promoting the progress of medical science in this country.

378. If it be objected that to accept the educational ground as the only one upon which any further State aid can be justified would be to admit a principle the extension of which to places other than Dublin could not be consistently resisted, we reply that the principle has been recognized in the case of Dublin since 1842, and has yielded the only satisfactory justification of the grants since 1856, while the House of Industry Hospitals, with which the fame of the Dublin School is inseparably bound up, have been entirely maintained by the State for 110 years.

379. It is important, too, to note that the grant to these hospitals is about equal to one-half of the entire sum voted by Parliament for hospital purposes.

380. But while we believe that the continuance of State aid can be justified upon the ground upon which we rely, we concede at once that before it is sanctioned, the State must be fully satisfied that the reforms which such aid is intended to promote, are likely to be accomplished.

381. The defects to which we have called attention had not escaped the notice of Dr. South's Commission, or rather of Dr. South himself, who in his very able paper, Appendix 2 to his Report, dealt with each of them exhaustively. In this paper, too, he proposed a plan for consolidating various groups of hospitals, and made suggestions with reference to the mode of appointing to, and the number of the medical staff, the adoption of which would have effected a wondrous reformation in the Dublin Hospital system.

382. To have carried out his recommendations would, however, have required the creation of a body to whom should have been entrusted the distribution of the grants, and who should have been authorized to confine it to hospitals fulfilling the conditions which he deemed requisite. But the Commissioners doubtless felt themselves hampered by the specific recommendations of the Select Committee, and merely expressed their opinion that the paper was worthy of serious consideration.

383. To accomplish, therefore, those reforms for the sake of which alone we have felt ourselves justified in recommending the continuance of State aid, and assuming, as we venture to do, that such aid will not be discontinued, we beg to recommend that the annual grants be commuted for a capital sum to be invested in the names of Trustees, and that the interest upon such sum be paid over periodically to a Central Board, the constitution of which we shall presently suggest, to be by them distributed among such hospitals as shall fulfil the conditions hereafter specified.

384. In connection with this proposal, it must be remembered that there are at the present moment two bodies in Dublin by whom funds are distributed among the hospitals, and whose administration of the same has been the means of vastly improving the tone and management of these institutions.

385. We allude to the Corporation and the Committee of the Hospital Sunday Fund.

386. The former body has ever been most liberal in its support of the hospitals, and although its obligations under the Public Health Acts may in future restrict its power of aiding such as are not intended for the reception of patients suffering from infectious diseases, the result will be to enable the public, by settling free their subscriptions now given to hospitals receiving such cases, to contribute more largely to the other hospitals.

3873; 3030;  
3532.

Ground upon which State aid may be justified; para 318, 333, 335

Recommendation.

387. The Hospital Sunday Fund which is now contributed solely by the Protestant section of the community, amounts to about £4,000 a year, and would probably yield more than double that sum if the Roman Catholics would join in the movement. There have been, perhaps, good reasons why the heads of the Roman Catholic Church have hitherto not been able to co-operate with the Protestants in this most desirable object; but if the Committee of the Hospital Sunday Fund would withhold assistance from any exclusively sectarian institution we hope and believe that the movement would be supported by the public without distinction of creed.

388. Assuming, then, the creation of a Central Board, such as we contemplate, for the distribution of the fund contributed by Parliament, it would be in the highest degree important that the moneys which are now distributed by the Corporation and the Committee of the Hospital Sunday Fund should be allocated upon the same principles as those which we shall propose for the guidance of the Central Board. If this were possible, a considerable fund would be created, which of itself would go far towards maintaining in each of, say, four large general hospitals, the minimum number of beds—one hundred—required by one of our conditions to entitle a hospital to any share in the distribution of the Parliamentary fund; while the fact that assistance from this general fund was confined to certain institutions, would probably influence the public in their selections of the hospitals to which they were willing to contribute. Thus the smaller institutions which would be unable to comply with the requisite conditions would in the struggle for existence die natural deaths, and only those would survive which ought to be supported in the interests of the community at large.

389. With the object therefore of securing the co-operation of such bodies as the Corporation and the Committee of the Hospital Sunday Fund, we think that the constitution of the Central Board should be of a more representative character than would be sufficient if the fund at its disposal were in the nature of a purely educational endowment. Indeed, but for these considerations we might, perhaps, have preferred to limit the members of the Board to representatives of the Medical Corporations and of the two Universities. But impressed, as we are, by their importance, and not forgetting that the educational aspect of the hospital question, though the only one which we can recognize in connection with the continuance of State aid, is not the only or the most important aspect, and that to secure the co-operation of the public the Central Board must possess their confidence, we think that its constitution should be framed so as to make it representative of all persons and bodies interested in hospital management.

390. We therefore recommend that the Central Board should be constituted as follows:—

His Grace the Roman Catholic Archbishop of Dublin.

His Grace the Protestant Archbishop of Dublin.

The Moderator of the General Assembly of Presbyterians.

Three members of the Corporation of Dublin to be selected by that body.

The Chairman of the Committee of the Hospital Sunday Fund, and a second representative to be selected by the Committee as soon as the Roman Catholics take part in the movement.

One representative selected by the Council of the College of Physicians.

One representative selected by the Council of the College of Surgeons

One representative selected by the University of Dublin.

One representative selected by the Royal University.

One member to be nominated by the Crown.

391. To entitle a hospital to any share in the distribution of what we may call the Educational Endowment—i.e., the fund produced by the capitalization of the Parliamentary grant—and, as we earnestly hope, of the other funds of which we have spoken, we consider that the following conditions should be observed:—

- (a.) The hospital shall contain not less than 80 beds, and after five years participation in the Grant, not less than 100, in daily occupation throughout the year.
- (b.) The hospital shall be open for clinical instruction, and shall have not less than 150 paying students on its books each year.
- (c.) The hospital shall be open to persons of all creeds, without any distinction, and clergymen of all denominations shall be admitted to see patients requiring their ministrations, at any hour of the day or night.



- (d.) The staff of the hospital shall be appointed without distinction of creed or the place of education, or reference to the candidate's connection with any particular University or Medical Corporation or hospital, and without payment of any sum of money; and the principle of promotion from the junior to the senior appointments shall be recognized as far as may be deemed compatible with the interests of the institution. No member of the staff shall hold a similar appointment in any other hospital.
- (e.) The junior appointments, such as resident surgeons and physicians, shall be filled up by examination, for which any duly qualified candidate may present himself.
- (f.) The hospital shall employ as nurses only such persons as have gone through a duly recognized probationary training.

392. The first two conditions we regard as essential, while we believe that those which relate to the mode of selecting the medical staff and to the employment of trained nurses, will meet with the general approval of the profession, though, perhaps, in the case of the junior medical and surgical appointments it may be deemed advisable to temper by selection the system of competitive examination. The condition as to the number of beds in daily occupation will require to be modified in the cases of the Rotunda and the Coombe, as the amount of work done by these institutions cannot be accurately gauged by the number of beds occupied throughout the year. It may be said, too, that as we have admitted that Eye and Ear cases should be treated in special hospitals we ought not to insist upon the fulfilment of this condition in the case of these institutions; but for the sake of bringing about an amalgamation between St. Mark's and the Eye and Ear Infirmary, we think it all important that the condition should be observed, while Mr. Swanzy has expressly stated that the one special hospital which he would like to see established for these diseases in Dublin should contain at least one hundred beds.

393. We would further recommend that the amount to be given to any one of the hospitals entitled to a share in the distribution of the fund, be decided by the following considerations:—

- (a.) The total number of beds occupied and total number of patients treated throughout the year.
- (b.) The total number of students receiving instruction.
- (c.) The total number of nurses, trained and probationary.
- (d.) The total average cost per bed, distinguishing "establishment charges" from "maintenance."
- (e.) The general efficiency of the institution.
- (f.) The energy of the directors as evidenced by the amount of money collected in the shape of private subscriptions, donations, and bequests.

394. If the conditions, which we have laid down, be accepted, we cannot doubt that the result will be to promote the amalgamation of hospitals, to improve the character of the clinical instruction given in them, to increase the benefit of these institutions to the sick poor, and to diminish the general hospital expenditure in the city.

395. We ought to mention, before concluding our Report, that in the course of the evidence, the question was raised of applying such commuted sum as might be given by Parliament, in lieu of the annual grants, towards the erection of a large hospital, which would be to Dublin and to Ireland what that magnificent building, the Royal Infirmary, is to Edinburgh and to Scotland. The majority of witnesses, however, professional and lay, were entirely opposed to this application of the fund, on the grounds that there was already a sufficiency of hospital accommodation in Dublin, and that, if such a hospital were established, there would be no funds forthcoming to maintain it. It may be, however, that in the course of time all interests in Dublin will be in favour of this application of the fund, in which case it will be only necessary to ask Parliament to allow the terms of the Trust to be varied.

396. We have only to add that, as legislation will be necessary to deal with the House of Industry Hospitals, advantage ought to be taken of the opportunity to place the government of such hospitals in Dublin as are now controlled by special Acts or Charters under a direction more consonant with the times in which we are now living, and that, in the case of those institutions which have been in the past largely assisted by

contributions from Imperial and local funds, powers should be taken in the interests of the general body of the citizens to vest their management, at least in part, in the control of the municipality.

397. It remains for us before concluding to express, and in no formal terms, the great obligations we are under to our Secretary, Doctor Thomas Myles, whose wide information and marked abilities were always at our service, and rendered possible a task which, to a body of laymen, would otherwise have been beyond our powers.

We have the honour to be,

Your Excellency's most obedient Servants,

ROWLAND BLENNERHASSETT, BART, *Chairman*,

RICHARD MARTIN, BART.

CHARLES KENNEDY,

R. W. A. HOLMES,

RICHARD OWEN ARMSTRONG.

T. MAXWELL HUTTON.

J. P. O'REILLY, *&c.*

T. MYLES, M.D., F.R.C.S.I.,  
*Secretary.*

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MINUTES OF EVIDENCE.

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# THE DUBLIN HOSPITALS COMMISSION.

SATURDAY, 24TH OCTOBER, 1885.

OCT. 24, 1885.

The Commission sat at noon in the Privy Council Chamber, Dublin Castle.

Present:—Sir ROWLAND BLUNKHILLART, Bart. (in the chair); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARBUTHNOT HOLMES, and Mr. RICHARD OWEN ARMSTRONG, J.P.

The Secretary, Mr. THOMAS MYLES, M.B., was in attendance.

Dr. MYLES having read the minutes of the previous meeting (which were confirmed and signed), said—I beg to announce that, pursuant to instructions, I sent a circular to the gentlemen deputed by the Board of Governors of the House of Industry Hospitals to

appear before the Commission, and I also wrote to the Registrar, Mr. Hughes, and received a letter from him in reply, in which he stated that he had made arrangements for the attendance of witnesses to-day. The Registrar is here now.

Mr. James Wilson Hughes called and examined by the CHAIRMAN.

Mr. James  
Wilson  
Hughes

1. You are the Registrar of the House of Industry Hospitals?—Yes, sir—I am secretary and accountant of the House of Industry Government Hospitals.

questions which had been forwarded to you by the Commission?—I did, sir.

3. Has the sheet been approved of by your Board?—Yes, and signed. (Document in Appendix A.)

2. And you sent us in this sheet of answers to

Mr. William Stokes, F.R.C.S., examined by the CHAIRMAN.

Mr. William  
Stokes,  
F.R.C.S.

4. You are Professor of Surgery in the Royal College of Surgeons, I believe?—I am.

5. And you sit as a representative of the Board of Governors of the House of Industry Hospitals?—Yes, and as senior surgeon of the hospitals.

6. How are these hospitals governed?—They are governed by a Board of Governors appointed by the Crown.

7. And that Board is composed of ten members. I think?—No, eleven members, I think.

8. No, ten members, I think?—Is it ten?—I thought it was eleven.

9. You are right, I find. Do you think eleven is a sufficient number to constitute the Board of Management for these hospitals?—Well, I think there are disadvantages in having a very large number. If there was any change made in the constitution of the Board, I think it would be better to have a somewhat larger representation of the medical staff on it. That is the only change that I would suggest. At present there are only two members of the medical staff on the Board—Dr. Banks as representing the medical side of the staff, and I representing the surgical.

10. The average attendance of governors is about four, I believe, at present?—Yes, about that. But it has happened of late that some members were in delicate health, and that accounts, I think, for the small average attendance of recent years—for the last two or three years, at all events.

11. Looking at the return of attendances, I find that the medical members of the Board are the most regular—are they not, you and Dr. Banks?—Yes, we represent the medical staff, and I think our attendance has been more regular than that of other members.

12. Yes, as regards the attendance of the medical members of the Board there is not very much room for complaint. I see here (the return) that the number of their attendances is very much greater in comparison with other members?—Yes, I know that that is so.

13. I see that you have no public audit of your accounts—your accounts are not audited by a public auditor?—I thought they were audited by the Treasury in London. However, that is a point upon which I really can give you no information, but I was certainly under the impression that all the accounts were sent over annually to the Treasury in London for the purpose of audit.

14. You receive a public grant of over £7,000, do you not?—Yes, we do.

15. Mr. HOLMES.—Of about £7,600?—Yes.

16. The CHAIRMAN.—That was given after this report of 1855?—Yes.

17. Do you know the reasons why that grant was originally given?—I know the main reasons. It was given chiefly on account, I think, of the want of an hospital in that populous and congested part of Dublin.

18. Mr. HOLMES.—It would be better to say "continued," I think?—Yes, continued, chiefly on account of the want of an hospital in that populous and congested part of Dublin, and also because it was one of the first clinical schools of Dublin. The grant was given not only on account of the relief afforded to the sick poor of Dublin but also on account of the educational aspects of the Institution. It was for that twofold reason as well as I remember.

19. The CHAIRMAN.—Was it not also given because the hospital was resorted to by people from all parts of the country?—Yes, and we continually receive patients from all parts of Ireland.

20. And do the same reasons hold good, in your opinion, for its continuance at the present time?—Certainly.

21. Your average annual number of students on the books for the last three years was ninety; have you any idea what percentage that would bear to the medical students of the other hospitals and schools in Dublin?—I cannot answer that very accurately, but I think there are between 700 and 800 medical

Oct. 26, 1905.

Mr. William  
Stokes,  
R.S.O. Club.

students in Dublin. However, as I say, on that point I have no accurate information.

22. Very well. Then also, is it not the fact that a large number of your pupils have entered the public service?—Yes, every year a large number of them do.

23. It is stated here in answer to query number 17 that your nurses are under the direct control of the matron, as regards their general conduct, that is so, I suppose?—Yes, that is so.

24. Is she a trained superintendent of nurses?—Well she is not, in the ordinary acceptance of the term, at least in the modern acceptance of the term. In other words, she has not received that special training for nursing which is found in other hospitals. We have been very anxious to improve the nursing by getting a lady superintendent appointed, but there are difficulties which I dare say you can quite appreciate; as long as the matron is there, there is a difficulty in getting another person to relieve her of the duty which she at present performs. In order to try to steer a middle course the Governors determined some time ago to appoint a head nurse or head superintendent of nurses and settled what her duties were to be, and her salary, &c., but the finances at that time were so low that the Governors thought they would not be justified at present, in carrying out that plan. They have, however, done the next best thing, that is, they endeavour, as far as possible, to engage none but nurses who have had some training; and there has been a great, I should say a very marked improvement since that was done in the nursing, especially in the surgical department. Still I confess it is not exactly what I should like to see. And the Governors are quite alive to the necessity of improving matters in that direction as soon as they can set their way to do so; that is when their financial condition is somewhat better.

25. One of the reasons why you got this grant is for the purpose of promoting medical education?—Yes.

26. Well, might it not be considered within that general condition that persons should be there for the purpose of instructing the nurses?—It might be, yes; but, as I have said, we do the next best thing, that is getting none but nurses who have received training in nursing elsewhere.

27. Then it is stated that the nurses are immediately responsible to the Physicians and the Surgeons, is that so?—Yes; that is the case.

28. Have you ever heard complaints made to the Board by the Surgeons or Physicians regarding the nursing?—Yes, I have made complaints myself. But in every great institution irregularities will occur from time to time that require to be looked to and reported on.

29. I see that the proportion of day nurses to the beds occupied is one to eight, and of night nurses one to seventy, do you think that is a sufficient number for a large accident hospital in a city like Dublin?—I do not think it is, but I may mention that a second night nurse has been recently appointed. Besides our system is not so bad as would appear at first sight, because when there are any cases of special urgency, for example any serious operation cases, we are always in the habit of appointing special attendants whose duty it is solely to look after these cases until the dangerous crisis had passed. In every serious case in which there is danger of hemorrhage, or any other surgical calamity or crisis, there is always a person sitting at the bedside, whose sole duty it is to look after that particular patient by day as well as by night, so that regarding these cases of special urgency the night nurses have really little or nothing to do.

30. Still, you say, you do not think the existing system satisfactory?—Well, the other would be better plan, but we have found the present system to work fairly well, and it is more economical.

31. The number of patients in your Hospital is very considerable?—Do you speak of the three Hospitals, or of the Richmond only.

32. Of the three?—Yes; I think 350 is the number of beds in the three Hospitals.

33. But it was the number of patients I spoke of—2,175 I find in your return?—The number of patients is very considerable.

34. And there were 21,568 external patients?—That return was prepared from our books, and is correct.

35. Then I see that the answer to our question, "Do any of the members of the Professional Staff receive remuneration from the funds of the Hospital?" is, "Yes, the Physicians receive salaries—two of £100 each, and two of £50 each, per annum, and the Resident Surgeon receives a salary of £50 with the usual allowances"—is that the custom generally in hospitals?—It is not the custom for medical officers in the Clinical Hospitals of Dublin to receive salaries. You will observe that the Surgical Staff receive no salaries, and the Governors have recently determined that all future appointments should be without salary, putting both sides of the Staff on the same footing in that respect.

36. The Resident Surgeon does receive a salary, according to your return?—Oh, that is quite in accordance with usual custom.

37. Is it not the fact that in many of the Hospitals medical men pay large sums for the advantage of being connected with a great Hospital?—Well, I believe that is the case in some hospitals. In some institutions there is a rule that the surgeon or physician taking on duty should pay down a certain sum. That rule does not exist in the House of Industry Hospitals.

38. In your expenditure sheet it is stated that the gross average annual cost per bed is £24 14s. 11d.?—Yes; that includes the proportion of maintenance of the establishment and management of bed.

39. I know. That is the gross cost?—Yes.

40. And out of that gross amount only £16 6s. 7d. goes to the original object of the Hospital—the patient?—For the maintenance of the patient.

41. Yes; the return gives the annual cost per bed for maintenance of patients at £16 6s. 7d., the average annual cost per bed for maintenance of establishment at £36 4s. 1d., and the average annual cost per bed for management at £8 10s.—making the gross average annual cost per bed £51 14s. 11d.; only £16 goes to the original object of the Institution—the patient?—Yes; and I think it will be found that that is considerably below the average of other hospitals. I am not quite sure, but I think you will find that that is so.

42. Do you think that a large hospital in that part of the city is a public advantage?—I do, certainly. It is a very crowded district, and a very poor district.

43. As a general proposition, do you think that fewer hospitals with a larger number of beds in each would be more advantageous to the city for the purposes of education?—I do. I have always been an advocate for the amalgamation of hospitals. I think we have too many small hospitals in Dublin.

44. Do you think that the Hardwicke Fever Hospital is necessary?—I do, certainly.

45. You do not think that the accommodation in the Cork-street Fever Hospital is sufficient to meet the average requirements of the city?—It is a very long distance from where we are.

46. But still it is capable of great extension—is it not?—It is, of course.

47. Sir RICHARD MARTIN.—I have only one or two questions to ask you, Dr. Stokes. The Carmichael School was close to the House of Industry Hospitals?—Yes, it was.

48. And it is removed now?—Yes, to York-street.

49. Since its removal has the number of students decreased at the House of Industry Hospitals?—Well, they have, but not to any great extent. The comparison between the two institutions has been kept up by several of the teachers of the Carmichael School

being also teachers in the hospital or connected officially with the hospital. I was very apprehensive when the School was removed that it would specially injure the Hospitals, but it has not done so to any great extent. I cannot tell what our classes will be this year yet—students have to the end of November to enter, but up to the present there has been no material falling off since the removal of the Carmichael School, and I believe it is due to what I have said—that many of the teachers in the School are connected with these Hospitals, and the students, of course, will follow them.

50. If the House of Industry Hospitals were in a more central position, do you think it would be more convenient for the students?—I think so, certainly.

51. And that it would not better as an educational establishment?—I think so. If the Institution was brought nearer the centre of the city and the medical schools, I think it would be an advantage in that respect.

52. Mr. MAXWELL HUTTON.—Are there any pupils who attend and receive instruction in these Hospitals, but pay no fees?—There is a rule that the Apothecary is allowed to have two apprentices free.

53. But those who attend for clinical instruction pay fees, I presume?—Yes.

54. And to what fund do these fees go?—They are divided amongst the medical staff—that is, the fees received from pupils are divided equally amongst the eight members of the medical staff. They do not go towards the maintenance of the institution.

55. I see. Have you any idea of what the fees amount to annually?—They amount to about £800, I think, as an average.

56. And from what schools do you draw students besides the Carmichael School?—From the College of Surgeons' School, Peter-street School of Medicine, from Trinity College—from all the medical schools, in fact.

57. They come to you from all the medical schools?—Yes.

58. Mr. ASHMEADOW.—The attendance of some of the members of the Board of Governors appears to be very irregular—in some cases the number of attendances in the year is three, six, seven, and so on. Are your hours of meeting convenient, on first of all, what are your hours of meeting?—Eleven o'clock.

59. And is that, in your experience, an hour that would suit the convenience of lay members of the Board?—Yes, I think so. But I have already endeavored to explain why, in my opinion, the attendance of some members is so irregular.

60. Because of ill-health?—Yes, and some members are advanced in years.

61. Mr. HUTTON.—Dr. Stokes, what proportion of cases come from the North Dublin Union—have you any idea of the number sent from that union?—Well, they pay for their patients, but I cannot tell the exact number sent in.

62. Have you any idea of what proportion the union patients bear to the entire?—No. They chiefly go to the medical side of the house. There are not many sent to the surgical side, which I am conversant with.

63. Do you get patients from the country as well as from the North Dublin Union who are paid for?—Yes. Other unions pay, I think it is, eighteenpence a day for patients sent in by them.

64. And you do not know what proportion these "pay" patients bear to the general class of patients from the city?—No, I do not.

65. Would the Registrar be able to answer that, do you think?—Yes, much better than I can, but there are not very many patients so paid for, and it is an optional thing with the unions. We do not compel them to pay, but they seem always to like to do so—they send letters volunteering payment, asking how much is to be paid, and, of course, we take the money for the benefit of the institution when it is offered.

66. Mr. KENNEDY.—But you receive a considerable number of patients from the North Dublin and other unions—that you admit?—Yes, and accept any donation that may be given in their regard. The offering is a purely voluntary one.

67. But do you think, Dr. Stokes, that it is a fair use of the national funds—of the Treasury allowance—to relieve the rates of the various unions of Ireland of the obligation which they are under—of paying from the local funds for the support of patients?—I see nothing wrong in it.

68. You receive patients—pauper patients—and make no charge?—Yes.

69. And do you think that this Government contribution of £7,600 a year being given for the medical relief of respectable men and women who enter your hospital—men and women who are not paupers—is it right to devote any part of it to the relief of persons already provided for by the law from other sources?—Yes, but if they do not get the attendance required in the other place—

70. I am not asking as to that—I only ask your opinion as to the use that should be made of this Treasury grant as distinguished from the use that should be made of local rates. Do you think that the money given by the Crown for the support of your hospital and the education of students is given for the purpose of relieving the ratepayers of the various unions of Ireland?—I do not think it is.

71. Then why is it that you will voluntarily accept these patients and not make it obligatory on the unions to pay?—Because I do not think we have the legal power to compel them to pay, but when they volunteer payment we accept it.

72. I am asking why it is that you do not make it an obligation on the unions to pay?—Because, as I have already told you, we have not the power.

73. Are you not aware that under the Poor Law Act you have full power to contract with the Unions, and that they have full power to contract with you?—I was not aware of that.

74. Mr. HUTTON.—And, certainly, you are under no obligation to receive any Union patients?—Certainly not, we are under no obligation. We may take them or not as we choose, and if the Unions pay it is a donation. We accept it as a purely voluntary gift.

75. Mr. KENNEDY.—I know that; but, as I understand your answer, you admit that the funds supplied by the Treasury are not given for the purpose of relieving the liabilities of ratepayers in the different Unions throughout Ireland?—No; the terms of the grant would rather indicate that they are not.

76. Why, then, would you, as a Governor, advocate the expenditure of Government money in favour of people from the Unions, shutting out probably the real class whose relief was anticipated by the grant, and who may be dying in their homes?—Because they are provided for elsewhere. You have hospitals elsewhere in which they are attended to.

77. What hospitals?—The Union hospitals.

78. But no infectious cases or serious surgical cases are treated there?—I have known that in the times of epidemic fever sheds were erected in the grounds of the Union.

79. That is not the case now, you know?—No; because there is no epidemic now, but if there was, what was done before could be done again.

80. You won't shift the question—give me a direct answer. I ask you when you believe that it is not a proper use of the Imperial funds, why do you continue, as a member of the Board of Governors, to allow the Unions to be relieved while patients from the city and county of Dublin who have not fallen into the rank of paupers may be excluded; why do you not make it obligatory on the Unions to pay for every case they send in?—I have already told you that I don't think the Governors have any legal power to compel.

Oct 25, 1888.  
Mr. William  
Stokes,  
J.P. &c.

Oct. 24, 1895.

Mr. WILSON  
Sedley,  
P.M.C.S.D.

81. I can tell you that you have it—That is now to me.

82. But it is so. Why is it that you would, if you are convinced that the intention of the Legislature in giving this grant was not to relieve the Union rates, confine the system?—I never gave the matter very much consideration. I have only stated my opinion now on reading the terms of the grant, but I am really not convinced, very strongly at all events, one way or the other.

83. Mr. HUTTON.—But are not all the Union patients paid for?—No, they are not; and the reason is that we did not think we had legal power to compel the Unions to pay, although we think it is quite justifiable to accept donations from those who send union or other patients, if they are so disposed.

84. Mr. KESSELY.—I am not referring to that; but when you receive Union patients for nothing—so admittedly you do, and in considerable numbers,—do you consider that you are making the use which the Legislature intended of this grant—that is the serious question, and since you won't answer it directly, I do not mean to ask anything further; but I must take it that you are acting in that matter in a manner altogether inconsistent with your own admission as to the purposes of this public grant?—I don't admit that at all. The money was granted originally for the relief, not of the poor of Dublin alone, but of the whole country, no matter where they come from.

85. Mr. HOAGAN.—With reference to Sir Richard Martin's question as to the Carmichael School, is it not the case that the proximity of that school as well as its connection with the Richmond Hospital influenced the Committee of Inquiry, known as Dr. Smith's Committee, in recommending the liberal grant made to the House of Industry Hospitals out of the public funds?—Yes; I think they drew attention to their report to the proximity of the Carmichael School.

86. Yes. The Report is very strong on that subject:—

"The single means which the number of beds, disposable for each different class of patients, affords for general instruction in medicine and surgery, especially for that very important branch of medicine, the treatment of infectious febrile diseases, added to the advantage which the Institution derives from its proximity to the Carmichael School of Anatomy, give it, in our opinion, peculiar claim to a liberal support, both in the character of a hospital for the benefit of the afflicted poor, and of a school for the advancement of medical science."

And I also see that Sir Denis O'Connell, in his answer to a question before the Select Committee of the House of Commons in 1854, lays great stress upon this connection, and adds:—

"In addition to the injuries that I have mentioned as relating to admission, were these hospitals closed, there would result the destruction of this School, for it could not exist without the hospitals."

Well, is it not the fact that the school is still flourishing in a different part of Dublin?—Yes.

87. So that the hospitals were not necessary for the existence of the school?—No, the hospitals were not necessary for the existence of the school. It was removed to a more central position, but is within easy reach of the hospital after all.

88. Would you say that the removal of the school to the north side has interfered with the efficiency of the hospitals from a medical standpoint?—Not in the least.

89. Assuming that the House of Industry Hospitals as at present constituted, and in their present situation, ceased to exist, would you say that the Mater Misericordiae and Jervis-street Hospitals would supply hospital accommodation sufficient for that part of the city north of the river?—Certainly not in their present state, if enlarged they might.

90. You said just now, in reply to the Chairman, that you would like to see the medical element strengthened on the Board, I don't suppose you would

go so far as to say that you would like to see in the dominant element?—Oh, no.

91. Would you make all the medical staff members of the Board?—I would not.

92. Now, I suppose you would like to see the lay element considerably increased too?—Yes, somewhat in proportion.

93. I believe the number of Governors was always fixed at eleven?—Yes.

94. Can you say why that number was chosen?—No, I do not know the reason.

95. Do you think if the number of Governors was unlimited, and the qualification for membership fixed say at a donation of £25 or at an annual subscription of £5, that many persons would be willing to take advantage of the cheapness and become Governors, thereby materially adding to the income of the hospital?—Well, from my experience I should say there are not very many persons who would care to subscribe that amount of money to become a Governor.

96. Is it not the case that Jervis-street Hospital would have been closed but for the change in its management which enabled anyone to become a Governor on payment of a certain sum?—I am not aware, I don't know anything about Jervis-street Hospital.

97. Assuming that the Parliamentary grant was withdrawn, would you say that the voluntary subscriptions of the benevolent aided by the grants given by the Corporation would maintain sufficient hospital accommodation in Dublin?—I would not.

98. Is not the Mater Misericordiae a standing proof of what can be done by purely voluntary aid not to mention Jervis-street, the City of Dublin, and Mercer's Hospitals?—Well, some of these hospitals have been fortunate in getting very large bequests, but I think there would be tremendous difficulty in keeping up the present amount of hospital accommodation if there was not some State assistance. I cannot speak concerning the financial condition of Jervis-street or the Mater, but nearly all the other hospitals that are to a great extent supported by voluntary subscriptions, are as a rule, in a very bad way indeed, financially speaking. And I believe that if there were additional burdens thrown on the benevolent public the financial condition of these hospitals would become worse, and it would lead to a closure of a great many of them or to a very large diminution of the accommodation now afforded by them.

99. Nevertheless is not the Mater Misericordiae a standing proof of what has been done by purely voluntary effort, we have only to look at the outside of the building to see what a flourishing institution it is?—But, as I observed, they have been very fortunate in getting munificent bequests. I do not know very much about how their money was obtained, but I have heard that they had that good fortune which might not attend other institutions.

100. I understand that since the Public Health Act passed the maintenance of the Fever Hospital in Edinburgh has been handed over to the Sanitary Authority and that it is now altogether maintained out of the rates, on the ground that the Sanitary Authority by taking proper precautions can put down infectious diseases or diminish their number, and that therefore they should be responsible for the maintenance of the fever hospital; would you see any objection to that change being carried out in Dublin, and the management and control of the fever hospitals handed over to the Corporation who are the Sanitary Authority?—I see this objection—the two places are very distinct, one is a very rich place and the other is an extremely poor place, comparatively. And if it was handed over to the Corporation as the sanitary authority it would lead to a great augmentation of the rates which would be felt very much in the present impoverished state of the city of Dublin.

101. But don't you think that if the sanitary authority had that control the first thing they would decide would be whether one hospital was sufficient



for the whole of the city instead of two as at present—the Hardwick and Cork-street—it would be their object to lessen the burden on the ratepayers!—If they made any change I am convinced that they would have to increase the accommodation and not diminish it, because when any epidemic breaks out we have to increase the accommodation very much in the Hardwick Hospital.

102. The CHAIRMAN.—Your medical staff, of course, is appointed by the Board of Governors?—Yes, by the Board subject to the approval of the Crown.

103. And have you any rule with regard to the qualifications of candidates?—Oh, candidates must be fully qualified.

104. But describe that a little more minutely; in what way must they be qualified?—They must have diplomas and degrees that would entitle them to be put on the Medical Register. If you mean should they be university men I don't think that there is any rule on that point; but they must be fully qualified medical practitioners, that is practitioners on the Medical Register.

105. Sir RICHARD MARTIN.—Dr. Stokes, you mentioned that the nursing staff was not all that you could wish it to be in the House of Industry Hospitals?—Yes.

106. And that you would like to have more trained nurses; where are trained nurses to be had?—Well, they are to be had from various hospitals both here and elsewhere.

107. They are educated in the hospitals?—Yes, in hospitals and in homes. For example, there is a nursing school in Sir Patrick Dun's Hospital, where nurses are prepared. There is also one, I think, in Stevens' Hospital, and in most of the large London hospitals.

108. And is there no attempt made to train them in your own hospitals?—No, there is not, because we have to train lady superintendents. I mentioned that in my opinion that was a mistake and I endeavoured to explain the reason why up to this the Governors did not see their way towards the establishing an officer of that sort.

109. But is it not the medical men themselves, the Surgeons and the Physicians that would be most competent to instruct nurses?—Well, I do not think that amongst the duties of Surgeons and Physicians is included the teaching of nursing. They have to teach the students and look after the patients, but the instruction of nurses hardly comes within their province. I don't know that in any hospital anywhere they are called upon to do that, except that occasionally they

may give a lecture to nurses on certain special topics.

110. In those institutions where nurses are trained who is it that educates them in their duties?—The lady superintendent.

111. But there must be somebody to educate her!—She comes from some other institution where I presume there is a lady superintendent who taught her.

112. Mr. KENNEDY.—In England that is not so. Take the Union Infirmary in London for instance. I have been through very many of them within the last twelve months, and there the staff of the hospital instruct the nurses as they do the pupils!—I cannot speak of the Union Infirmary for I know nothing about them.

113. But in all the large London hospitals that is the rule, in Bartholomew's, St. Thomas's, Guy's, the London, the Westminster, and the Charing Cross Hospitals the medical men are devoting an enormous amount of time to the training of nurses and regard it as a most important branch of work!—I don't wish to say a single word in the way of contradiction but I know something about the working of the London hospitals, and I can assure you that none of the Surgeons or Physicians look upon that as part of their duty. Of course they may do it voluntarily.

114. Oh, you it is all done voluntarily I admit, but the importance of the work is fully recognised!—Quite so, but as a part of their every-day duty they are not called upon to do so, and I speak from considerable experience of many of the hospitals—King's College, St. Bartholomew's, and others.

115. Don't you think there is great room for the teaching of nurses from the simple fact that in your hospital trained nurses cannot be got?—I don't agree with that at all for in many of the hospitals—Sir Patrick Dun's, Stevens', and other hospitals there is a most admirable system of training, and no lack of recruits.

116. Is it not the case that in Sir Patrick Dun's and the Adelaide the nurses receive instruction from the medical men?—I cannot answer that question, but my impression is that there is only an occasional lecture given on some special topic. I think Mr. Hutton, who is a governor of Sir Patrick Dun's Hospital will bear me out in the statement that it is not part of the every-day duty of members of the medical staff to give such instruction.

Mr. HUTTON.—It is not. As you say occasional lectures are given on special topics; that is all. The nurses are under the Lady Superintendent who instructs them in their duties.

Mr. William THOMSON, F.R.C.S., called and examined by the CHAIRMAN.

Mr. William THOMSON, F.R.C.S.

117. You are surgeon to the House of Industry Hospitals?—Yes.

118. And you have heard the questions which have just been asked by members of the Commission with regard to the nursing?—Yes. I heard portion of Mr. Stokes' examination.

119. Have you got any remarks to make upon that subject?—Well, I am not at all satisfied with the nursing system in the Hospitals, and I have not been at all satisfied with it. Of course we try to do the very best we can with it, and that mainly by the close attention that the surgeons themselves give to the dressing of their cases with the aid of their resident pupils, but so far as the nursing system itself is concerned it is most unsatisfactory and I have had occasion to call the attention of the Board of Governors to it on more than one occasion.

120. Before you came in I asked Dr. Stokes about the night nursing—you have only one nurse for every seventy beds at night?—I so that returned.

121. Don't you think that is very unsatisfactory?—I think it is; but I believe it has recently been improved. There are two nurses now at night, still, I think it is unsatisfactory.

122. Have you not got a lot of accident cases as a

rule?—Yes, but I should explain what the night nurse's duty is. She is up all night and moves about through the wards. Of course there may not be any very urgent case. I mean any operation case, in which any great danger might arise, but if there is such a case the patient is specially attended to by a nurse who sits by that bed. The night nurse has general guard of the whole house—if anything occurs in the ward that requires to be attended to immediately she summons the resident pupil in whose charge the particular case is, or the resident surgeon, and the patient is attended to. She is more or less of a watch rather than a nurse. But special cases have special and separate attention for the night or nights that they may require it.

123. You said that one night nurse per seventy beds is not quite correct as relating to the present order of things?—No, there are two on duty by night at present, I believe.

124. That has been done recently?—Quite recently.

125. Now, I find that the cost of maintenance of a patient in these House of Industry Hospitals is £16 per annum, while the gross cost per bed is £51 odd—is not that very low?—For the maintenance it is.

126. Yes?—I think it is low in proportion to the

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Mr. William  
Thomas,  
F.R.C.S.

other charges. At the same time the establishment charges are large because of the peculiar arrangement of our hospitals. We have three distinct buildings. Usually in hospital arrangements you will find that the surgical and non-infectious medical cases are in the same block of building, and the infectious cases in some other building, but near the main one; but in the case of our hospitals we have three distinct buildings separated by some hundreds of yards from each other; and in that way a great deal of extra expense is incurred in the keeping up of a larger staff than would be required if we had the medical and surgical hospitals in one block. I think if that improvement were carried out we should be able to reduce the number of nurses and to reduce the staff of officials pretty considerably, and thus bring our establishment charges into fair relation to the expense of the patients themselves.

127. There is a general question I wish to ask—do you consider that a fewer number of hospitals in Dublin with a larger number of beds in each would be for the advantage of the city and also for the benefit of medical education?—I have always held the opinion that it would be much better for education—medical education—that hospitals should be enlarged and should be fewer in number. It is the case on the Continent, the case in Edinburgh, and elsewhere. Of course a number of hospitals in a place like Dublin has certain advantages. They attract in the first place a larger number of medical men, because they require a larger number of physicians and surgeons to officer them. In that way the present system is an advantage, but, I think, there is a great deal more to be said for the centralisation, in certain parts of a large city, of hospital accommodation. At the same time I don't believe for one moment that any reduction in the number of beds in a place like Dublin would be at all judicious—it would be a hardship to the poor of the city and a great injury to the poor throughout the country who come up in large numbers for operations.

128. But by the amalgamation of hospitals would not the cost of maintenance and management be very much reduced?—The cost of management, of course, would be distinctly reduced. But Dublin is very peculiarly situated in that way, because there are certain hospitals, as we all know, which are exclusive, and those would not amalgamate with other institutions. They would maintain their right—and properly or rather naturally, I might say—to go on and maintain their own line apart. There are other hospitals, however, which might be amalgamated with very great advantage—for instance, the scheme originally proposed with reference to ourselves and St. Vincent's, in which there is no question of sequestration, is a feasible one. There you have two institutions pretty much in the same direction, doing their own work, which under amalgamation might do a great deal more work and at less cost, so far as the establishment charges are concerned.

129. Do you think that a large hospital in that part of the city is necessary?—I do. If you look into the poor population of our district you will find that it requires hospital accommodation, because we reach over to this side of the river considerably as well as up behind and off in the direction of Barrack-street. In addition we get a large number of patients from the country who are sent up to us for operations.

130. And would you also maintain the fever hospital?—Well, in as far as the hospital is an Educational Institution, the fever department is necessary for the instruction of pupils. We must have some fever beds; our pupils attending must use these cases. It is a question entirely as to whether the number of beds we devote to fever cases is a necessity or not; but you must remember that at the north side of Dublin there is the fever hospital. Jarvis-street has no fever beds, and I am not aware whether the Mater Misericordiae has any or not.

131. The Secretary (Dr. Myles).—Oh, it has! I was not aware that it had; but as far as a general hospital

is concerned the Hardwicke is the fever hospital for people at the north side of the city.

132. CHAIRMAN.—Then you would not consider the Cooke street fever hospital sufficient for the requirements of the city?—Well, I think you will always require a fever hospital at that side of the city. Of course, I am speaking entirely dependent upon the aid the Mater Misericordiae hospital can give for fever cases—if it can provide sufficient accommodation for the north side for such cases, that would obviously modify my answer very much, but if the Mater can only give a small number of beds for infectious cases, then it is a necessity that we should maintain the Hardwicke practically as it is. Certainly we should maintain a certain number of the beds there for the instruction of pupils.

133. In the answer we have to a query on that subject from the Mater Misericordiae Hospital, they state that there were 859 cases of typhus treated there during the past three years—I was not aware of that.

134. Mr. KENNEDY.—How many cases do you treat in the Hardwicke annually?—That I don't know—that belongs to a department I am not connected with, you know.

Dr. Myles. The return gives 457 cases of typhus, 223 of scarlatina, 92 of measles, and 8 of diphtheria.

135. Sir RICHARD MARTIN.—The medical staff consider it part of their duty to educate the pupils as regards the nursing—bandaging, and so on?—Yes; certainly.

136. And the nurses are present during these operations?—Yes, and if they have intelligence enough they can pick up a great deal. Because the junior students are being taught junior work, and if there is an intelligent layman or laywoman standing by to do or to see, surely pick up something from that; and the nurses, if intelligent, should pick up certain things that must be useful to her in nursing.

137. Would the resident pupils be able to instruct the nurses themselves after getting instruction from you?—Do you mean to give methodical instruction?

138. Yes, so as to train the nurses?—I don't think the resident pupils would have time to do the work fully, and I don't think the resident pupils should be called upon to do it. They come in there to learn their own profession in certain of its branches—they don't come for the purpose of teaching somebody else.

139. Is there any encouragement given to the nurses to acquire that technical instruction which is desirable—is there any reward for nurses that are more skilful?

—No; not in our place. You see we are in this unfortunate position with regard to our nursing that the surgeons and physicians—and this I have protested against over and over again—practically have nothing to do with the movement of nurses. That duty has been handed over to the matrons, who move the nurses about without consulting the staff, and who herself is not a person trained in nursing matters—in fact, she does not attempt to direct or control further than as I say. Whatever direction is given to the nurses about the treatment of a patient is given by the surgeon or the physician who is attending to the case. He calls the nurse, tells what is to be done, and then the resident pupil is responsible for seeing that those directions are carried out. But I have urged the Board of Governors, in interviews with them, that no nurse, for instance, should be appointed to the Richmond Hospital without the sanction or without the approval of the surgeons in the first instance. That is to say, the Board may appoint her or not, but the surgeons should be asked their opinion as to the efficiency of each person who is a candidate—whether they think she would be likely to be a good nurse or not. That is not done; and a nurse disappears and another comes in without our knowledge. I object to that system, and I have brought the matter before the Board with the result, I understand, that in future applications are to be sent to us in the first instance for report and then forwarded to the Board, who may appoint or reject as they think fit. That, I

think, is a very judicious arrangement. Another, and a most important change, that we all wish to have carried out is that a properly instructed lady superintendent should be placed in charge of the wards. At present there is nothing of that kind. Such nurse, practically, is independent in her own ward, subject of course to the surgeon or physician and to the staff living in the hospital. But what we want is first there should be a lady superintendent to move about the house, to see that patients are properly attended to, and that the general small comforts of the patients are watched by the nurses. That is a matter that no amount of instruction by the physician or the surgeon will ever be effectual in having carried out—there must be a person constantly moving about through the hospital superintending matters and seeing that these small, but important details are attended to and properly carried out.

140. You mentioned that you thought it would be desirable to have your hospital and Stevens' amalgamated?—Yes, that was a proposal that came from Lord Spencer, and not from us.

141. If that were accomplished, and if there was a large hospital built to suit the requirements of the two, where do you think the best situation would be found?—Well it is very hard to decide where we would like to have an hospital, but if you carried the amalgamation I dare say we should soon find a site. In general terms I would say we should be as near to the district which we at present look upon as possible—that we should be available for the poor of this district and at the same time be convenient for the instruction of pupils. As to Stevens' Hospital it has dropped out altogether from the instruction of pupils, because, I think, of the distance it is from the ordinary course where pupils live. Of course when it had its own school on the grounds that objection did not hold good to such an extent, because a pupil went there in the morning, attended school lectures, had his dissections and so on, in the one building, returning to his home in the evening.

142. But are not your hospitals quite as far from the centre of the city and from the various schools as Stevens' Hospital?—Well, I don't think they are—I think our hospitals are much more convenient. At all events, as a matter of fact, we have held our classes—we have an average of ninety pupils attending, and that shows that pupils can reach us, whatever may be the cause. I merely assign a reason why it has dropped off—it may be quite wrong however.

143. Surely Stevens' Hospital has facilities for being reached that your hospitals have not—taking Trinity College as a centre they have a tramway, and one would imagine that it would be even more convenient of access than yours?—As I have said my reason may be altogether wrong; but this I state as a matter of fact, that the removal of the Carmichael School to York-street has not affected us at the Richmond.

144. Mr. HUTTON.—As to your resident staff—have you one resident medical man for each hospital?—We have four resident pupils in the Richmond.

145. But resident medical officers?—One in the Richmond—one resident surgeon and four resident pupils. If any very urgent matter arises at the other hospitals the resident surgeon attends to it. I think it would be an advantage to have a resident physician as well, but that arrangement has not been carried out in any hospital in Dublin that I am aware of.

146. The salary is low, resident surgeons I thought generally received £100 a year, but here it is only £50?—Well, I enjoyed that salary myself for a while and I was very glad to get it. Most young fellows beginning, if they could hold on, would be very glad to come in for nothing, because it gives them a very great advantage—it gives them a considerable opening.

147. If you had an amalgamation of management you would require to have an amalgamation of the

buildings?—Yes; that would be a necessity. Of course we have been speaking very much now of the surgical side of the house, because there the cases require a great deal more active nursing than the ordinary medical cases; and it is in these things—the taking off of sheets and the way to do it, the making of poultices, the arrangement of bandages and so on, that it is of importance to have a controlling spirit moving about and superintending the nurses.

148. Do you think it would be absolutely necessary to have a certain number of fever beds to carry on your medical instruction properly?—Yes—for instruction. I think that every hospital ought to have a certain number of beds in which typical cases of typhus and small pox or whatever it may be, can be seen by the pupils in attendance.

149. Have you any midwifery there?—No, none.

150. And is that not as important a branch of education as fever?—Well, there are two hospitals for that specially—the Rotunda and the Convent, and Sir Patrick Dunn has a midwifery department too. But we have never had any midwifery, though we have a consulting obstetric surgeon, Dr. Kidd, who comes to assist us in cases requiring consultation. Pure midwifery has never been taught in our hospitals.

151. Mr. ARMSTRONG.—Speaking generally don't you think that the hospital accommodation in Dublin is amply sufficient for its requirements?—It is sufficient, but in my opinion any reduction of it would be a disaster.

152. Having regard to the uncertainty of things, would you be in favour of expelling this Government grant?—Yes, I think it would be much preferable that we should have a lump sum; because, of course, an annual grant is a matter attended by certain risks, and it might be taken away any year. For myself, I would much rather that there was some security given to us, and that there might be no chance of our working being interfered with. We would be able to carry on our hospital, I think, much better—certainly with much better spirit than when we have this constant dread hanging over us, as it is, of having the grant withdrawn altogether. As far as we are concerned, I should mention that we have done everything we possibly could to make the institution an advantage as an educational centre, and I think I am well within the truth when I say that it has had a very large influence upon the education—the medical education I mean, of this country. Even in Dublin—I have been looking over some of the names, and I find that between 50 and 60 physicians and surgeons of other hospitals have been instructed in ours. Then, a large number have joined the public service in Ireland—in regiments and infirmaries and a considerable number have gone to the army and navy. I ought also to mention that so far as our surgical services go, they are given to the hospital for nothing, and not only that, but we have to provide our own instruments. We receive no allowance or anything of that sort from this grant, and we have established a museum to which, I am sure no other hospital in this country can at all approach. In 1854 that museum had cost us £2,700—that is 31 years ago, and since then we have kept it up, we have paid a counter up to the death of the late Professor Smith; he had a salary, and we have had a curator occasionally since. The museum altogether has cost something about £4,000, and it is entirely the private property of the surgeons. I think that is a great mistake; I think that in an institution like this, part of the machinery for the instruction of the pupils ought not to belong to the staff, but all should be the property of and vest in the Government. Some years ago we made a proposal to the board that they should take this museum off our hands, paying us a sum for it. We named the sum I think; it was small, and moreover we did not want the money at the time—the Government might pay it whenever they thought fit; but we were of opinion that this was a part of the educational machinery that ought not to be out of their control. However, they

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did not think that they were in a position to make the bargain, and as the museum now stands, the four surgeons could put it up for sale in the open market to-morrow if they so desired.

153. Mr. HODGINS.—And don't you think that in the view of disestablishment, it is better for you to be in the position of *boni possidentes*?—Certainly, but I hope it is not to be disestablished.

154. Under that scheme of union with Stevens' Hospital to which you referred just now, was it not contemplated that the site of the new hospital should be on the south side of Dublin?—There was nothing at all finally arranged; the proposition never came to anything; it was a mere something in the air—but there was an idea that the proper place to get a site, if we could manage it, would be on the southern side of the river; I would not say on the south side of the town.

155. That is what I meant—the south side of the river was mentioned?—Yes, so that it would be within a few hundred yards of Queen's-street, which is one of the approaches to our hospitals, and only about quarter of a mile or so from Stevens' Hospital—in a position convenient to the centre of the city, and that would at the same time be practically within the centre of the district heretofore worked by these institutions. That was the great consideration I think—that the facilities now offered to the poor should not be curtailed while the educational advantages were improved.

156. Then if that site had been selected, would you say that the Mater and Jarvis-street would be sufficient for the hospital requirements of Dublin north of the river?—No, because I say still we should have all that Barrack-street District—in fact all the district from Capel-street up towards the Park.

157. Would not Capel-street be much nearer Jarvis-street Hospital?—I take Capel-street as the line,—you must draw a line somewhere; I take it that Jarvis-street has the whole district behind itself down the river. I would give Jarvis-street that district—up in the Backville-street direction, away by Sheriff's-street, and down the quays. It is well known that a great many of the accidents that occur on the northern line of quays go to Jarvis-street Hospital—it is the first place they strike; and on the south side to Sir Patrick Dun's. So that if our hospital were changed to the south side of the river it would be just in such a position as that it would supply all the wants of the present district while the educational advantages would be increased.

158. Are you in favour of strengthening the medical element on the Board?—Yes.

159. Would you like to see all the members of the medical staff ex-officio Governors?—Yes. I think in the first place that it is an advantage to have a large board. It is an advantage to have a large lay element on the Board, but it is of great importance to have a large medical representation there too, because the medical men who are constantly moving about the hospitals can make suggestions as to what comes under their notice from day to day. At present you have to write an official report when you want to bring anything before the Board, and very often there is some small matter that could be stated in a few words, but which one does not care to sit down and write a formal report about.

160. I presume you would not like to see the medical element in a dominant position on the Board?—Oh, no.

161. You would like to see the lay element well represented there too?—Yes, I should like to see the Board extended by adding a due proportion both of the lay and medical element.

162. Would you like to see a qualification adopted such as I mentioned to Mr. Stokes, a donation of £25 or a yearly subscription of £5?—Well, that has advantages and disadvantages. It would be a great advantage to a hospital of course if it could get 1,000 persons to give £5 a year, but then the disadvantage I see about it is this, that you would have 50 or 60 or 100

coming in to form a board, and it would become unwieldy. That body of what might be called Governors would have to delegate its functions, I take it, to a Committee, and experience in London and Edinburgh shows that very unpleasant results flow from it at the time of an election of officers. A great deal of canvassing has to go on, and if you have 200 or 300 people to work upon, it is irksome to them and specially irksome to the person who has to canvass. I think the advantages hardly compensate the disadvantages.

163. Is it not the case that in Jarvis-street Hospital the number of Governors is unlimited?—I believe that is so; but I cannot say whether the Governors as a body depute the management to a Committee or not.

Mr. KENNEDY.—Yes, there is a Committee of Management. There are some 300 Governors and a Committee.

164. Mr. Thomson.—Quite so. And I think all the Governors vote for the medical officers. They no doubt think that the best plan; I do not; I think it is unpleasant for the Governors and it is essentially unpleasant for the candidates. In the appointment of a medical officer under such a system, influences different from what ought to guide one are often brought to bear. I don't say that it is the case in Jarvis-street, but where you have 200 or 300 electors they are generally swayed by some half-dozen who yield very often rather to the influence of friendships than to the merits of the candidates. But where you have a small body of electors, that body sets itself very deliberately to find out, as best it can, the merits of candidates, and I think honestly elects upon the merits.

165. Mr. HODGINS.—But looking at it from a financial point of view solely, is it not the case that Jarvis-street Hospital would have been closed now but for the adoption of that system?—That I do not know.

166. I thought it was a notorious fact?—I don't think it is very notorious—there are different rumours abroad. I have heard that Jarvis-street Hospital had plenty of money, and I have heard it had nothing; I don't know which is true. I am not aware whether they publish accounts or not.

167. I only alluded to Jarvis-street Hospital for the purpose of pointing my question—they will be able to answer for themselves at some future time, I have no doubt.

168. Mr. KENNEDY.—Is it your opinion that any one, two, or three hospitals in Dublin have a right to monopolise a Government grant?—I really do not know how to answer that question. When you call it a monopoly—

169. I will tell you what I mean—where you have ten or twelve or fourteen hospitals of all sizes and shades in the city, do you think it is right that this limited number should take the entire grant to the exclusion of other hospitals?—If you put it that way, I think it is a very natural thing that they should keep it if they can.

170. But do you think it is a fair ground to go upon—that you should remain in the enjoyment of £7,000 a year simply because you have it, whilst other hospitals have sprung into existence, since the grant was first given, to promote clinical instruction and relieve the wants of the poor, that are really more modern institutions—better sanitary hospitals than yours, and which are capable of doing the work quite as well, if not better than yours, do not receive one shilling?—Well, I should not object to some portion of the grant being given away, so long as we are not crippled in our work. What I should object to is our extinction. If you cut us off, and take away our money and give it to some other hospital, you will not increase the number of beds available in Dublin for the poor—you may take that for granted. You will give certain hospitals more money immediately than they have had, but you will do that at the cost of the subscriptions that the public have been paying in. You will not, by cutting us off, improve the financial

condition of other hospitals in the end. I think that some of the hospitals that already receive small grants from the Government are, perhaps, injured by the very fact that they do get grants. I am aware that there are certain hospitals in Dublin—at least I have it on the authority of members of the staff—that do not get any money from Government, and that do not want it, because, they argue, if it became notorious that they were getting Government grants, their friends would close their pockets and say, "Oh! they are provided for by the Government, and do not want anything from us."

171. Mr. HOLMES.—But would not that argument apply to your hospital especially, when you get practically your all from the Government?—Precisely, and we do not go to the public for support—I believe it would be useless, in fact.

172. Mr. KENNEDY.—But who has denied you that right, for I do not think you will find any law against it?—Well, it has not been the custom.

173. Now, I do not want you to misunderstand me in the least, and take it that I am as anxious to retain these hospitals as you are; but what I want to arrive at is this—do you agree with me that, in order to preserve the grant intact for the city, other hospitals should have a portion of it?—It would be a fair thing, I think, so long as we were not crippled.

174. You could go to the public to supplement your portion of the grant—other institutions have been wholly dependent upon voluntary aid in the past. Surely it is open to you to go and do likewise?—As I said before, I believe we are not allowed to make any appeal to the public—at all events, we have not done so.

175. I know, but the reason I put the question is to see whether, in your opinion, the Governors of the House of Industry Hospitals should meet the governors of other hospitals by consenting to have the grant apportioned amongst all, for it is absurd to think that you can retain it for yourselves alone when it is found that other hospitals better constructed, with a larger number of beds, and more economically worked, are left without such aid?—I really could not give any further answer to that question—I say it would, I think, be fair to take every portion of the grant, provided always that we were not crippled in our work. But I am not inclined to agree that other hospitals are encroaching, as you would represent. Take Mercer's, for instance—it has 41 beds open, and, I believe, it is several thousand pounds in debt. And, practically, it is not a finished hospital, according to the number of beds open. I would just like to mention another hospital—the City of Dublin. You see in the newspapers every day an appeal from the Board of Governors—it has overdrawn its account by some £1,200, and is applying for funds, from which we may fairly assume, I think, that it is not in a very flourishing financial condition. I would put Jervis-street on the same basis as the Mater and the Adelaide. What I mean by that is this—that they are, I think, exclusive hospitals—at least, they are under the control and direction of religious bodies, and are hardly to be compared with Mercer's or the City of Dublin, or any other hospital that is without any such influence.

176. Jervis-street Hospital and the Mater are now managed by Boards of Governors just as any other public hospital, but, apart from considerations of Government, what I want to impress upon your Staff through you is that they ought to come to some conclusion by which either an amalgamation would take place, or this fund given to representative bodies—military or corporate—in the city in order that it should be more equally distributed over the various institutions that are now doing the work for which it was originally given?—I am entirely in favour of amalgamation, because it is the true solution—the solution that would be most beneficial to the poor and to all the interests involved. What I was saying, however, is this, that it is not fair to compare a hospital carried on under the influence of certain

religious bodies with the ordinary general hospitals—the former will succeed in getting money and patients, while the latter simply live from hand to mouth.

177. The results presented by the three hospitals you refer to—the Mater, Jervis-street, and the Adelaide—would go to show that they too are pretty much in that condition, and is it fair or right that while they have to depend upon the voluntary offerings of the public and of friends, you should receive from Government this £7,000 a year for your exclusive use—those other institutions being more modern in their construction and arrangements, supporting more patients, and doing the work more economically, should they not share in the public grant?—No doubt the Mater and Jervis-street are fine hospitals and well managed, but I will not admit that they do the work better than we have done, and are doing it. And I don't think those institutions for the excellence of their buildings and management, because they have plenty of money, and with plenty of money you can do as you like. You have taken three hospitals which are subject to special conditions—conditions which don't apply to the City of Dublin Hospital or to Mercer's for instance.

178. What are those conditions in which they vary?—All those hospitals that you mention are exclusive hospitals.

179. What do you mean by the term "exclusive"?—That they are under the control or direction of religious bodies who have formulated certain rules of management not to be found in other institutions.

180. You are aware that you cannot regard the Adelaide Hospital as being quite similar to the Mater—it is, no doubt, an admirably managed institution otherwise; but a penalty is imposed on the treatment of a Roman Catholic in the Adelaide, whilst no such thing applies to the Mater with regard to any religion?—I am sorry it should be so. Still these hospitals are similar in this respect—they are controlled and managed by religious bodies, by persons who are zealous, on both sides, and they notoriously attract around them a number of supporters of the same way of thinking, and in that way they are pretty well off. You cannot enlist the sympathies of the ordinary subscriber in the same way that you can those of a zealous supporter: that is the way I wish to put the distinction I draw between these hospitals.

181. The CHAIRMAN.—There are considerable advantages, are there not, in the hospitals managed by ecclesiastical bodies—some considerable advantages?—Oh, I think so. I think the Mater Missionary Hospital is excellently managed—a most admirable institution. All I say is that they have sources of income which an ordinary hospital like the Moth or the City of Dublin has not.

182. Can you point out any disadvantages in hospitals managed on that system, or by ecclesiastical bodies?—None whatever, with the exception of course of the matter mentioned by Mr. Kennedy as to amalgamation. However, that is entirely a matter for the management—if people choose to establish a hospital on such lines for themselves, pay for it, and work in they have a perfect right to do so, I presume.

183. Mr. KENNEDY.—Suppose a poor man or woman meets with an accident in the street and is brought to such an hospital do you think it is a wise or a humane thing to prevent him or her from receiving that religious ministrations and consolation which tends to calm a patient?—I do not.

184. You do not?—Oh, no.

185. The CHAIRMAN.—In answer to Mr. Holmes you said that a large body of governors, say 500, would not be so competent or so likely to select as efficient medical officers as a smaller Board?—I don't think they would be as likely to do so—I think they might, you know, but I don't think they would be as likely to do it as a smaller body.

186. Your opinion, I take it, is that each individual member of the smaller board would feel himself under

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a greater responsibility than if a member of a large board of 300?—Yes—that is my feeling.

187. Now, you spoke of the great accuracy that your institution has rendered to medical science in the past—at present you have ninety pupils, I understand, on your books?—Yes, that is the average of the last three years.

188. Could you tell me what percentage that is of all the medical students of Dublin?—I could hardly tell you that, because I don't know how many men are entered at the various schools, but I think it is fairly well up to the attendance at any other hospital, as well as I know. Of course it would be quite possible to find out the total number of the medical students in Dublin.

189. Sir RICHARD MARTIN.—Might I ask you, Mr. Thomson, is it customary for students to be on the books of more hospitals than one?—Oh, no. But any student may come in and attend a particular lecture or go round for clinical instruction.

190. But I ask—merely for information—do students ever attach themselves to two hospitals so as to get the benefit of clinical instruction at each?—Oh, yes, very frequently they do.

191. Could you give us any idea as regards what proportion of the ninety that are on your books might belong to other hospitals?—Oh, none—the ninety that we return, or the number that say hospital returns, are from the books and are *bona fide* our own pupils.

192. And not on the books of any other hospital?—No, because they would have to pay double fees then. You don't register a man till he has paid his fees.

193. Then it is not customary to enter at two hospitals?—No, but as I said students from one hospital visit another frequently. They come to hear some particular teacher or to see some particular case, and no one takes any notice of that.

194. Mr. ARMISTEAD.—And no fees are paid for that?—Oh, no. If a student went to the Rotunda he would pay a special fee, but I am speaking of the general hospitals.

195. Sir RICHARD MARTIN.—A Master Mercatorian pupil would never think of paying fees to you or your pupils to the Master?—No, a pupil is entered when he pays his fees, and from that hospital he gets his certificate of attendance. He may go to other hospitals to see cases or go round with the classes, but that is all a matter of courtesy.

196. Mr. KENNEDY.—You have a large number of students in daily clinical attendance?—Yes, I very frequently find it difficult to get to the bedside of a patient myself. I have seen a whole long corridor filled with students when going round in the morning.

197. The CHAIRMAN.—The average number of students attending daily was fifty during the last three years, which is very creditable.

Mr. Benjamin Haffes called and examined by the CHAIRMAN.

198. You are the Resident Superintendent and Paymaster of the House of Industry Hospitals?—Yes sir, and if you would allow me I would like, before the Commission adjourns, to explain some of the reasons why the establishment charges appear so very high compared with maintenance. I would ask the Commission kindly to remember that our hospitals cover a very large area. There are five distinct buildings to be managed and officered, there are three hall-porters to be maintained—showing an excess of two over the usual number in such institutions, and there is a large amount of average accommodation requiring no fewer than eleven lamps to be kept lighted

at night. These things just cover to me off-hand as offering some explanation why our establishment charges appear so much out of proportion to the maintenance.

199. And of course, if there was an amalgamation that would be saved?—Yes, or if the hospitals were contained in one building there would be a great saving. To commence with, there would be £109 a year saved on the present outlay for hall-porters—a considerable amount.

200. What are the porters paid?—Each hall-porter gets £50 a year including maintenance, clothing, gas-light and washing.

Mr. James  
Hagles.

Mr. James Wilson Hagles, Secretary and Accountant to the House of Industry Hospitals, called and examined by the CHAIRMAN.

201. I asked Mr. Stokes a question about the audit?—Yes.

202. And I believe you wish to make an observation with regard to that?—Yes, if you would allow me.

203. Be kind enough to do so—It has reference to question number 10, I think, on the sheet submitted to your Board?—Yes. Up to the year 1888 the accounts of the House of Industry Hospitals, and of all hospitals receiving Government Grants were audited by the Imperial Audit Office in Somerset House, London, but in that year—1888, we received a notification from the Treasury, that the Imperial Audit of our accounts would be discontinued, and that in future we should render abstracts of the accounts to the Chief Secretary's office and the other departments mentioned, together with an annual return to the Treasury on a form specified. That has been done faithfully ever since. The accounts are, besides, always carefully audited by the Board of Governors.

204. Mr. HUGHES.—Are any queries ever raised by the Chief Secretary or by the Treasury?—No because the accounts are always perfectly correct.

205. The CHAIRMAN.—But don't you think that it would be much more satisfactory to the citizens of Dublin if a public auditor were employed to audit them periodically?—I do, sir, and we are most anxious—my colleagues and I—do have the accounts audited as previously. I may mention that notwithstanding the fact that we received the Treasury order discontinuing the audit, I forwarded the accounts for audit in the following year, because we always felt that it was a certain protection to us when we got the certificate that they were examined and found correct—but we got a further intimation from the Treasury that the accounts were no longer required.

The Commission adjourned till Monday at one o'clock.

MONDAY, 26TH OCTOBER, 1885.

OCT. 26, 1885.

The Commission met in the Privy Council Chamber, Dublin Castle, at 1 o'clock.

Present:—Sir ROWLAND BLINSEY-HASSEY, Bart, Chairman (presiding); Sir RICHARD MARTIN, Bart, D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. R.W. ARBUTHNOT HOLMES, and Mr. RICHARD OWEN ARMSTRONG, J.P.

Dr. MYLES, the Secretary, was in attendance.

The minutes of the previous meeting having been read, confirmed, and signed, the examination of witnesses on behalf of the House of Industry Hospitals was resumed.

Dr. Samuel Gordon called and examined by the CHAIRMAN.

Dr. Samuel Gordon.

206. Dr. Gordon, you are a Physician to the Whitworth Hospital?—Yes.

207. Are you satisfied generally with the nursing in that hospital?—I am Physician to the Richmond, Whitworth, and Hardwicke Hospitals. The nursing of the Hardwicke I don't think could be surpassed—it is very good. The nurses have what I think is indispensable in nursing, great experience, great zeal, and great activity. Sometimes ago an epidemic fever broke out in the west of Ireland and we were asked to send down some nurses. Under the circumstances we sent down two from the Hardwicke Hospital, and they came back to us with the highest testimonials and a promise for the excellent management that they had shown during the epidemic, and the great assistance that they had been in withholding it. The nursing in the Whitworth Hospital is very fair. There are sometimes of course, as there will be in all hospitals, exceptions, but I think the nursing in the Whitworth Hospital is very good. I sometimes go to the Richmond, when I am asked, as I often am, to see cases there, and as I happened to see in the newspapers this morning the remarks of two of the surgeons on this subject, I would wish to supplement what they stated by saying that to my knowledge, lately, two nurses left the Richmond and were accepted as head nurses in establishments in England with very high premiums and very high wages, and they have turned out admirably well.

208. The proportion of night nurses to patients, as the returns furnished to us shows, is one to seventy, that is in the Richmond Hospital; do you think that sufficient?—Well, the way I read that was, that there is one nurse as a general supervisor over seventy beds, but that any patient who was extremely ill, or who required constant care had a separate nurse to himself or herself.

209. Just before we leave this, do you think that the Hardwicke Fever Hospital is a necessary institution for that part of the city?—I do. I think it would be a great misfortune that the Hardwicke Hospital should not continue. First of all with regard to the pupils, it is an acknowledged thing that pupils will not attend an hospital which is given up to epidemic diseases exclusively, and I think it would be an immense misfortune to Ireland in general if pupils were not obliged to move or have attended a fever hospital where they would receive instruction as to the treatment of fevers and epidemics of all sorts from day to day. That is acknowledged now, so far that in the various hospitals of the city efforts are being made to combine a fever ward or wards with the existing institution for the purpose of instruction; as for instance in the Meath, also in St. Patrick's Dan's they are trying at present to get up additional fever wards; and I think the means of obtaining for pupils will never be complete unless fever wards are attached to the general hospitals. I think the Hardwicke Hospital is particularly well situated for this. It is within the precincts of the institution, has its own grounds and as a hospital for fever patients, I don't think it can be surpassed anywhere. And I am not singular in that idea. During what was known as Scott's Commission I went through the hospital most carefully with Dr. Tweedy, who was physician to the London Fever Hospital, and he

told me that the Hardwicke Fever Hospital is most unexceptionable. I went over it again with the late Sir James Simpson, and he said there was nothing better in Edinburgh, and also agreed that it was a most admirable institution and could not be surpassed.

210. Then you don't think that the Cork-street Fever Hospital would be sufficient?—I do not.

211. With regard to what you have just said about the necessity of students attending and seeing fever cases, might not a regulation be made by the College of Physicians which would compel students to produce certificates from a fever hospital?—It is so at present.

212. Therefore you might suppose a fever hospital, and still require the students to produce that certificate?—No, because that regulation is not general—other educational establishments do not require it.

213. Now do you think the hospital buildings themselves suitable?—I think the Hardwicke Hospital is, as I have stated, most unexceptionable. It is an excellent building. I cannot fancy any better fever hospital anywhere. The Whitworth the same remark applies to. It is an admirable hospital—well built, well ventilated, with large airy wards. I don't think that as a medical hospital it could be surpassed.

214. Then as to the general question, as to what is most advantageous in the interest of medical science—do you think that a few large hospitals in the city, or a number of small hospitals, would be most desirable?—I think a few large hospitals.

215. A few large hospitals would be more desirable?—Oh, yes.

216. According to the returns which we have received the gross average annual cost per bed in the House of Industry Hospitals is £51 14s. 11d., and the average annual cost per bed for maintenance of patients is only £18 6s. 7d.—don't you think that is a very small proportion to go to the maintenance of patients out of the average annual cost per bed?—I do.

217. Do you think that £18 6s. 7d. is sufficient to provide for provisions, groceries, stimulants, drugs and medicines, surgical instruments and appliances, clothing, &c., of patients?—Well, all I can say is that I don't find any want in the Hospitals that I attend—the Whitworth and Hardwicke Hospitals.

218. You have recently become a Governor, have you not?—I have reason to think that I shall be a Governor, but I am not at present.

219. Do you know anything as to how the nurses are fed in these Hospitals—what system is adopted?—I mean have they a mess or anything of that sort?—I do not know.

220. Do you wish to make any other general remarks to the Commission?—No; I don't think anything occurs to me to add.

221. Sir RICHARD MARTIN.—Can you tell us how the nurses are appointed?—By the Mayor, subject, I presume, to the approval of the Board of Governors.

222. How long has the Matron been employed in the Institution, do you know?—Oh, I should think she must have been there for twenty years—a very long time, at all events.

223. Do you consider her a proper person to have the supervision of the nurses—is she active?—I think when you combine the office of housekeeper and

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superintendent of nurses you could not have a better person.

224. She has your confidence?—Certainly.

225. Mr. HERROD.—With reference to the instruction of pupils, Dr. Gordon, you spoke about certificates—do you think that certificates are of any account—are really reliable. You spoke about certificates being given, you know, to show the attendance at the fever hospitals. Can you depend upon a certificate handed in from another hospital always—I am aware that there is an idea that certificates are given very lightly in hospitals sometimes?—Oh, I do not think so. The certificate, for instance, from Trinity College, requires the student to say I have attended so many cases—specifying them—under the supervision of so-and-so; and the doctor has to sign the certificate that the pupil has attended these individual cases under his charge. And, as well as I remember, the certificate is the same in the College of Physicians.

226. With regard to the admission of what we call paupers, I suppose the Registrar would be the proper person to ask what I want to know—what proportion they bear to the general patients admitted to these hospitals?—I think the Registrar is the only person who can give you that information with accuracy.

227. Mr. KENNEDY.—In regard to the medical, when you say that she practically nominates the nurses, I suppose you mean that she sees all the candidates, and reports to the Board as to who is fit and who is not for the appointment?—Yes.

228. And when she selects a woman, and sends the name of that selected person forward to the Board of Governors, her selection is generally approved of?—I should say so, but I am not, as I have stated, a member of the Board. I am aware, however, that that is very much in the hands of the masters.

229. Does the name selected appear before the Board, do you know, or are her certificates examined by the Board prior to the making of the appointment?—That I really do not know.

230. Not being a governor you would not know, I would presume. How frequently do the nurses go, from one case or another, from ward to ward or hospital to hospital—or how long do they continue in the service of the institution?—Well, these nurses I speak of as having gone to the West of Ireland were—some fifteen and the other twenty years in the establishment.

231. That is two of the nurses, but how many of them are of long service?—There are four nurses altogether in the Hardwicke Hospital, and the other two have been there twelve years, I think.

232. About how many nurses are there in the institution altogether?—In the Richmond I do not know, but in the Hardwicke there are four wards and four nurses, and each nurse has a wardmaid. Then there are two other wards which are sometimes opened—whenever required—and they have their separate nurses and separate wardmaids. In the Whitworth Hospital there are four divisions—four wards on each floor—two for males and two for females—and each division has a nurse and a wardmaid, so that there are eight nurses and eight wardmaids constantly employed, and others when the work requires of it.

233. Have you had occasion to find fault with a nurse, or have you ever required them to be removed from a particular ward?—Well, I will not say frequently, but I have—on some occasions.

234. That was from seeing?—That the patients were neglected.

235. But not from want of training?—Oh, no.

236. Can you form any idea as to where these trained nurses come from?—I know that some have been as wardmaids in the place, and sometimes they are called upon to act as temporary nurses, and then promoted. Where the others come from I really do not know; but I do know that the master takes a great deal of trouble about them, for she has often come to me individually, and brought me a nurse to see whether I approved of her and of her certificates. Although I had no influence as to her appointment,

still she wished that I should give her the benefit of my experience in the matter.

237. Now, with regard to their qualifications, have you any guarantee whatever until you try them?—No.

238. Does it occur that you frequently try a nurse, and remove her within a month or two?—That has not occurred with me.

239. Or with your colleagues?—I could not say.

240. I suppose the Registrar could tell us how many nurses have come in and gone out of the institution in recent years?—He could.

241. Now, when it is said you have ninety pupils enrolled on the books of the three hospitals, do I understand that they are *bono fide* pupils, paying the usual professional fees of twelve, ten, or eight guineas as the case may be, or are they only show or ornamental pupils?—That I do not know. Mr. Stokes is responsible for all that, but I presume he does not return any one as a pupil who has not either paid his fee or is not an apprentice. Apprentices of any of the surgeons do not pay fees.

242. Then does Mr. Stokes keep a medical as well as a surgical register of pupils?—There is none registered only.

243. So that it is from him that we should get this information?—Yes, but I presume that no pupil is entered that has not either paid his fees or is not an apprentice of one of the surgeons of the hospital.

244. Mr. HOLMES.—Dr. Gordon, I observe that of the eight gentlemen who constitute the medical staff seven are Protestants, and only one, Dr. Lyons, a Catholic; has there always been a preponderance of Protestants on the staff within your recollection?—Well, I have been a very long time attached to the hospital, and I think I can only recollect to the present two surgeons, a Roman Catholic, Surgeon O'Byrne and Surgeon Fleming. I can go back a long way, and I cannot recollect in the list of physicians any one before Doctor Corrigan.

245. Mr. KENNEDY.—You mean Sir Dominic Corrigan of course?—Sir Dominic Corrigan afterwards.

246. Mr. HOLMES.—I presume this preponderance has been caused by the fact that there has been a similar preponderance of Protestants on the governing body?—Well, that comes down to the last board. You know up to a certain time the Government appointed.

247. Since the Act of 1856, which followed upon Dr. Smith's Commission, that is within the last thirty years?—Well, the only physician appointed since then was Dr. Lyons, and since that again, the other day, Dr. Nugent.

248. Well, would you attribute that to the fact that there has been a Protestant preponderance on the Board of Governors?—I could not say so. Indeed I do think that in connexion with Dr. Nugent's appointment every exertion was made to get the best man that could be had.

249. I think he was previously resident physician, was he not?—He was assistant physician, and he did his work admirably.

250. Now, having regard to the fact that these hospitals are entirely supported by the State, that they are in fact Government institutions, don't you think that our Catholic fellow countrymen, both lay and medical, have every reason to complain,—I don't say that they do complain,—but that they have every reason to complain of being practically excluded from the governing body and the medical staff?—Well, I don't say anything for the governors, but I am perfectly certain, so far as I can form a judgment, that every effort has always been made to get the best man, physicians and surgeons, into the institution independent and altogether irrespective of religion.

251. To change the subject, I think you said just now, in reply to Sir Rowland Blomfield, that you are in favour of a few large hospitals in preference to a number of small ones?—Yes.

252. Well, assuming that the House of Industry Hospitals are continued in their present state, and that we leave them on the north side of the city, those



hospitals and the Mater Misericordie and Jerón-street, would you say that one large hospital, of the same size perhaps as the Mater, would be sufficient to meet the wants of the south side of the city. We have now, as you are aware, three hospitals in one portion of the south side, the Meath, Mater's and Steevens'; would you say that one large hospital to take the place of these three, built on modern principles, similar to the Mater, which I believe is the only hospital in Dublin that is built on modern principles, would be sufficient for the southern portion of the city except in so far as it is served by the City of Dublin Hospital and Sir Patrick Dun's?—I think it would.

253. Mr. AMMERSON.—Dr. Gordon, following up what Mr. Holmes asked about the composition of the Board, and the number of Protestants on the Board and on the staff, don't you think that the paucity of Catholics is, more or less, to be attributed to the fact that there was a preponderance of Protestant candidates for the positions in the first instance?—No, I do not.

254. Can you offer any suggestion for an improved management of the hospitals which you are so familiar with?—Well, I think there ought to be a much larger Board of Governors.

255. On looking over the return of attendance I was astonished to see the very sparse attendance, as a rule, of some—three, four, and seven attendances only; and I don't know whether you are aware that the quorum is only two, which appears to be very small?—Yes.

256. I apprehend you don't think the attendance of members of the Board has been satisfactory?—I don't know anything about it personally, but from what you say I think the quorum is very small. I know nothing at all about the attendances of members of the Board.

Mr. Benjamin Mullen recalled and examined by the CHAIRMAN.

257. Mr. Mullen, you have heard that in this return from the Board of Governors of the House of Industry Hospitals, it was reported to us that the proportion of night nurses to beds occupied in those hospitals was one to seventy?—Yes.

258. And since then—since we have received this return, Dr. Thomson tells us that there has been an increase in the number of night nurses?—Yes—of one.

259. Were you present when this return—the answer to our queries, received the approbation of the Board?—I was in the Board-room at the time.

260. And was this increase made after the board received a report to the effect that there was but one night nurse to every seventy beds in the Richmond?—I think it was, but Mr. Hughes the Secretary would tell you definitely. He is in charge of the minutes.

261. It was of course after our query sheet was sent to you?—I believe so.

262. Did it come like a revelation upon the board that there was but one nurse to seventy beds?—Well, I think some of the Governors thought it rather small. 263. They had not the slightest idea of it before?—I could not say exactly.

264. Now with regard to those nurses further, could you tell us how they are fed?—Each nurse gets 5½ lbs. of beef without bone weekly, 12 lbs. of bread, 2 lbs. of tea, 1 lb. of sugar, 3½ pints of porter—half a pint per diem—and 7 pints of milk.

265. How is the beef served out to them?—Twice a week.

266. Then they get a certain amount of uncooked meat twice every week?—Yes; and bread, porter, and milk daily.

267. But meat?—Meat twice a week.

268. Uncooked?—Yes, uncooked.

269. And how do they manage to cook it?—Well, they cook it in their own rooms.

270. But you think a larger board would lead to a better attendance?—I should say so, naturally.

271. Have you considered at all the subject of the capitalization of this grant; do you think it would be in the interest of the hospital to capitalize the grant?—I do. I think if the grant were capitalized and that there was a properly elected Board of Governors, we could then go before the public, which we cannot do at present. At present, I believe, the state of affairs is this, that if Mr. Kennedy, or Mr. Hinton, or any other kind gentleman, was to give us a thousand pounds to-morrow, it would be deducted from our next year's grant, so that we could not avail ourselves of it. The Treasury would reap the benefit.

272. Mr. HOLMES.—I don't know that there is any justification for that idea.

273. Dr. Gordon.—But I know that it has been done, Mr. Holmes.

274. Mr. HOLMES.—Has it within your own knowledge?—Yes, I speak at all events from what Mr. Mullen, the Superintendent, has told me.

275. Mr. HOLMES.—But since 1856 there has been no deduction from the grant that recommended?—No, no deduction, we get the full amount yearly; but if a legacy were left to us the grant would be given less the amount of that legacy. Mr. Mullen, who is present, will explain that to you.

276. Mr. KENNEDY.—I will test it in this way. Mr. Mullen, I see on item of income £515 8s. for "pay" patients—the average of the last three years—was that amount deducted from the grant, or did the grant continue the same as though you had not received it?

277. Mr. Mullen.—Oh, the grant was continued the same, but Dr. Gordon is quite right—the amounts of legacies are deducted from the annual grant—we don't get the legacy in excess of the £7,600 a year.

278. Dr. Gordon.—That is what I alluded to.

279. As they are?—Yes; there is a small range in each nurse's room.

280. Have you ever heard it said that the nurses in your hospitals, at all events occasionally sold some of their food to the patients?—No, I never heard that.

281. Never?—No, I never heard of it.

282. Who looks after the contracts for meat and other requisites?—The Governors advertise for contracts and accept the lowest or best tender, and I am responsible for the quality of the articles supplied under the contracts—personally and solely responsible.

283. And also, I suppose, for the quantity?—Yes—for quantity and quality.

284. How are the quantities recorded now?—The weights are checked and the various kinds of expenditure are entered in their proper columns. The contractor's personal account is debited, at the other side of the ledger it is credited by the amounts prescribed for by the physicians and surgeons, and each account is regularly balanced.

285. Now the average annual cost per bed for the maintenance of patients is £16 6s. 7d., and the gross average annual cost per bed is £31 14s. 11d. Could you tell us how that £31 14s. 11d. is made up, exclusive of the £16 6s. 7d.?—In general terms I could, but Mr. Hughes can give the details accurately. But in general terms we have to pay about £400 a year for rent and insurance—I could give you the precise amount, but it is about £400 a year. Then our hospitals occupy a very considerable area; there are at least six principal buildings all with four sides exposed to the atmosphere, thus increasing the expenditure for repairs enormously; there are extensive avenues and approaches requiring us to have 11 gas lamps burning all through the winter; and there are three hall porters—which is necessary as we have three separate hospitals—an apparent excess of two. I

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Dr. Samuel Gordon.

Mr. Benjamin Mullen.

Oct. 26, 1895.

Mr. Benjamin  
Stokes

could elaborate considerably on that if I had reference to my accounts, but these are a few of the items that just strike me.

282. Who generally supervises the hospitals and their management now?—The Board of Governors.

287. But I see the Board consisted principally, to all intents and purposes—for this last year at all events—of two medical men, namely, Dr. Banks and Mr. Stokes; and Major Grace?—Well the hospitals are regularly visited by two Governors.

288. Exclusive of the Board meetings, do two members visit the institutions periodically?—Yes, but those gentlemen happen to be medical officers—Dr. Banks and Mr. Stokes.

289. That is not what I mean; the average attendants at the Board meetings have been Dr. Banks, Dr. Stokes, and Major Grace—they have been the three people administering the affairs of the institutions apparently for some time past?—Well they are very regular in their attendance.

290. Yes, but you could not expect that a professional gentleman kept so busy as Dr. Banks is would be able to go very intimately into some of these contracts?—With regard to the contracts I may state that it is generally the lay Governors who dispose of them. The medical Governors rarely interfere except in the case of medical appliances and medicines, or things that require their special supervision.

291. But the attendance of the lay Governors has been exceedingly rare?—If you look, however, to the particular days on which contracts were disposed of, you will find that there was a large attendance of lay Governors.

292. There is no lay Governor at all events that never was there at all for the last three years. I just want to ask you further about the nurses. Can you tell us whether instead of handing out this food to the nurses can they get money instead of it?—Well, I would not advise that.

293. But can they under existing arrangements?—No, they cannot.

294. They are allowed half-a-pint of porter per day, and they get money for that?—No, they cannot.

295. They must take the porter?—Yes.

296. Now a great number of patients come from the country?—A considerable number.

297. How would a man act about it who wished to come to your hospitals from the country; supposing a man in the west of Ireland wished to come up to this institution, how would he act to work?—Well he usually gets his medical attendant to write to one of the Physicians or Surgeons, and that secures his admission, or if a man come up from the country and walked to the door of the hospital he would be admitted.

298. And what arrangements do you make for payment?—Mr. Hughes has charge of that department, and he can tell you what is done.

299. I see in the expenditure account on item, "Rent of telephone, 23s," is 16 not usual for the Physicians and Surgeons to an hospital to pay for their own telephones?—That is not the total charge, that is the Governors' contribution; the Surgeons pay half the expenses, and the laity the remaining half. But Mr. Hughes can explain that also.

300. Very well, now would you like to make any general observations?—Well, with regard to the feeding of accounts I should like to say a word or two. The attention of the Governors was called during the time of Sir Dominic Corrigan to the point you mentioned, about giving wages to the nurses and servants in an unworked form, and I was requested to make a report in writing on the subject, which I did, the result being that the Board did not make any change. They took into consideration the great difficulty in the way of carrying out the alternative system, owing to the hospitals being detached and so far apart, comparatively speaking, and they also thought it undesirable to collect the servants together considering that some of them belonged to a fever hospital.

301. Have you ever heard of the sale of food in these hospitals?—No, I have not.

302. By any person?—Not by any person.

303. There are some hospitals in Dublin where there is a mess for the nurses I understand?—Yes, in nearly all I think; and I am sure our Board would adopt that system were it possible to do it at a moderate expense.

304. What wages do the nurses receive?—The nurses get £15 a year in the Whitworth and Richmond Hospitals, and £16 a year in the fever hospital, clothes and diet.

305. Who sees that the contracts are fulfilled?—I do, except the medical portion of them.

306. And who sees after that?—The resident apothecary.

307. Sir RICHARD MARTIN.—Have you heard any complaints from the patients as to the quantity of food they get—sufficient food?—Not recently, not within the last twelve months. Previously I did hear of complaints, but I will explain the reason they were made. Formerly patients on full diet of half a pound of beef per day only got it for five days of the week, with three quarters of a pint of gruel on another day, and three quarters of a pint of rice milk on another; but some time ago the Governors made an order continuing the beef diet for every day, and since I have heard of no complaints of any kind.

308. Are the patients allowed to supplement their food—are friends allowed to bring in any portion of their food?—I have heard of some persons allowed luxuries to be brought in to the patients by their friends.

309. But is it not looked upon as a regular thing?—Oh, no. It is not at all usual, I should say.

310. Still you don't know positively?—I do not, but I am sure of the Physicians and Surgeons allowing luxuries to be brought in.

311. What do you mean by luxuries?—Well, such as jelly and that.

312. Or eggs?—Oh, no. We get a very large supply of eggs, on account is £12 a month and more for eggs.

313. There are sixty pupils now attending these hospitals, can you tell us what the number was before the removal of the Carmichael School to York-street?—Well, these returns don't come into my department, they are kept by the Surgeons and Physicians. We have no knowledge whatever of these numbers.

314. As to these pauper patients from the unions, can you state what notice the North Dublin Union, for instance, gives you, and how they arrange the passage of patients from the workhouse to the hospital?—Well, they forward a notification to the fever hospital that they are about to send a case, and send a voucher with it, and the patient is admitted at once, and charged against the union at the rate of 2s. a day from the date of admission to the date of discharge.

315. But I understand that they were not all paid for?—No, there is a nil account kept for patients sent in by the Physicians of the district.

316. And I suppose you could say how many cases under the head of pauper patients?—Oh, certainly; Mr. Hughes can give that information.

317. Mr. KILMER.—You heard the statement made by Mr. Stokes on Saturday, to the effect that he did not know there was any power on the part of your hospital to contract with the union in its district, did you understand his reply to that question?—I did.

318. And what was the understanding that you put upon it, bearing in mind the interview which took place at which Dr. Stokes was present?—I quite think that our Board can make a contract with the North Dublin Union; to the best of my knowledge now.

319. Yes. Passing from that question, let me ask, have you one telephone in each hospital?—No, only one from the surgical hospital.

320. And does the Company charge more than £12 a year for that one telephone?—Well, they charge exactly as appears on that account there.

321. £34, for one telephone?—Wherever is there.
322. But the Company gives telephones for £12 a year each to the commercial establishments of the city?—But this line is not alone to the central exchange in Dames-street, but to each surgeon's house.
323. But, first, what do you pay for the telephone delivered to your own hospital?—Mr. Hughes can tell you that.
324. So that you cannot account for this item of £34 appearing as the hospital charge?—I cannot. Mr. Hughes is cognizant of the whole arrangement, however.
325. As to the nurses, does the personal conduct of the nurses come under your observation?—Not necessarily.
326. But does it?—No, it does not.
327. With regard to the various articles of food, who looks after the contractors to check quantity and quality?—I am responsible for all that.
328. How often have you to reject milk or meat for not being up to the required quality?—Well, we have not had to reject milk in my recollection; we had about six years ago to reject beef once, I think, or at most, twice.
329. So that within six years you have had no fault to find with the meat supplied?—No, none.
330. Do you contract for Irish meat or American?—It is not specified, but we only take Irish meat.
331. You are sure that no American meat comes in?—I am quite sure of that.
332. You are a judge of meat—you can distinguish between?—Certainly I can.
333. And you found no fault for six years with the supplies?—No; the quality is always good, and no complaints have ever been made on that score.
334. Can you tell me who it is who gets the given quantity prescribed for each patient whether that patient and no one else?—I will have to elaborate a little largely on that. The meat is ordered by me from the contractor the day before and the weights are checked by the storekeeper. That is charged against the matron and she is credited with the amount of prescriptions for that day, which is written off, leaving her responsible for the balance and for the serving out of the amounts prescribed for the patients.
335. But how can the matron or any one person distribute from her kitchen so much meat among three hospitals so far apart as yours, and see that the prescribed quantities reach the several patients?—Well, for each hospital there is a large tin case—covered. In these there is a number of small boxes each numbered to correspond with the bed numbers. Then if half a pound of beef is prescribed for No. 3, a chop for No. 4, and so on, these are put into their respective tins, deposited in the larger case, and having reached the particular hospital the ward maids bring them to the nurses who see that each patient gets his or her proper amount.
336. That is what I want to come at—the nurse is charge of the ward is the person in whom you confide for the administration of the food as you do of the medicines?—Yes.

Mr. James Wilson Hughes recalled and examined.

334. CHAIRMAN.—First of all you heard Mr. Muller say just now that when there were contracts before the Board he thought we should find that the attendance of governors was better than an ordinary occasion, and that he established?—That is quite correct, sir; we have a large attendance always on those occasions.
335. Then is notice sent out to the members of the board that contracts will be considered on those occasions?—Yes, when there is any business of importance to be transacted I always mention it specially in the summons.
336. You sent us in this return, stating among other things that there was only one night nurse in the Richmond hospital for seventy patients, and you

337. And there is no control over these nurses except such control as the matron sitting in a distant place can exercise?—Exactly.
338. As to the milk, when you receive the milk do you put any of it by for analysis?—I do.
339. Have you never objected to the quality—found it deficient in cream for instance?—Yes, I have; and I have sent portions to Sir Charles Cameron for analysis.
340. Has the quality of the bread supplied been uniformly good likewise?—Yes, very good indeed.
341. Who do you deal with for bread?—Mr. Downes, and a most excellent quality of bread we get. I eat some of it every day myself and drink of the milk, so that I speak of both from personal experience.
342. Mr. HATTON.—Is there only one kitchen for the three hospitals?—Yes, but one kitchen.
343. And the food is cooked and conveyed thence?—Yes, carried across the garden in covered tins and conveyed by the ward maids to the nurses for distribution amongst the patients. If you had a kitchen in each hospital it would increase the expense enormously.
344. Mr. KENNEDY.—The chemical of nurses does not come under your province?—No, but I have the supervision and appointment of all the male staff.
345. Sir RICHARD MANN.—You say that your nurses have £13 and £16 a year, what is the pay of the wardmaids?—There are two rates of pay for them also, £8 and £9 in the fever hospital. That is exclusive of clothing, diet, and lodging.
346. Mr. HATTON.—There is only one question I have to ask you, is it not the case that the structure of the Richmond is in a very unsanitary state, the building itself?—Well, that is the popular opinion, but it is not mine.
347. It is not your opinion?—Certainly not.
- 347a. Mr. KENNEDY.—Does the supply of bed and bedding come under your notice?—No, the matron attends to that. She applies to the Board for all articles of bedding, and I order them from the contractors according to the directions of the governors, on her requisition.
348. Mr. ARMSTRONG.—Following up what Mr. Holmes asked, I was under the impression that the Richmond was in a very bad condition from a sanitary point of view?—As I say, that is the popular opinion, but it is certainly not mine.
349. I thought it had even been reported upon from that point of view, its unsanitary state?—No doubt.
350. But you hold the other opinion. Now, you heard what Mr. Gordon said to-day about the capitalizing of the Government grant?—I did.
351. Do you agree with him?—Entirely.
352. Could you suggest any improvement in the management of these hospitals from your long experience of them?—Well, if we had larger funds at our disposal I could, certainly.
353. But you think that having regard to your existing financial condition—I would be slow to recommend any material change.

Oct. 20, 1895.  
Mr. Benjamin Muller.

Mr. James Wilson Hughes.

- were present at the board when that was approved of, I presume?—Yes, I was.
357. Was any surprise expressed on that occasion?—Well, I confess that I drew attention to it very prominently; and I had something to do with calling attention to the fact. The governors were dissatisfied with the state of things, but they alleged that it was from want of funds, that their financial position prevented their having a larger staff of nurses. However our chairman said that it was only necessary for the matron to make to the board a proper representation or application in her book in order to have the matter attended to. That was done, and since then an additional night nurse has been put on.

Oct. 31, 1888.

Mr. James  
Wilson  
Hughes.

355. So that in point of fact until the question was asked the Board by this Commission they were quite ignorant of the services given by the nurses at night?—Well, I would not say quite ignorant, sir; but I would say that the necessity has not arisen till now, because now, at the beginning of the winter season, the beds have been increased to 100. It is contemplated, when the summer months come round again, and when the beds in the Richmond are reduced for cleaning purposes and so forth, that we should go back to the former number.

356. One of the reasons given for the small proportion of night nurses was the want of funds, was it not?—Yes.

357. I see that the total expenditure of your hospitals is £8,770 3s. 6d., and the amount paid for salaries is £1,250 7s., whereas in the case of the Cork-street fever hospital the total expenditure is £5,316 12s. 6d., and the salaries for officers only £660 10s. 11d., that seems a very large proportion of your expenditure to be given in salaries for officers, does it not?—How much, sir, is the total expenditure in the Cork-street hospital?—

358. The total expenditure is £5,316 12s. 6d., of which only £660 10s. 11d. is for salaries, while of your total expenditure—£8,770 3s. 6d.—£1,250 7s. goes in salaries?—Well, the salaries of our physicians were not fixed by the Board of Governors—as you are aware—but by the Government very many years before the present Board existed, and, I think, in Cork-street Hospital the physicians are not paid salaries at all.

359. What do you pay in salaries to physicians?—£320 a year.

360. Mr. KENNEDY.—Does that include the apothecary?—It does not, sir; but, by a recent resolution of the Board, the appointment of all future physicians will be without salary—salaries are to be abolished in future.

361. How old is that resolution?—Oh, it was passed within a month back.

362. The CHAIRMAN.—Then £200 goes in salaries to the officials?—That is so.

363. Now, could you go more into detail about that—give us the particulars?—I can.

364. Then just tell us, please?—Well, commencing with Mr. Millen as Resident Superintendent and Paymaster—his salary is £230 per annum. He has had forty-two years' service for that. My salary is £181, after twenty-four years' service. Dr. Myles after thirteen, I think, or fourteen years' service—has £130. He is the resident apothecary. The matron (Mrs. Byrne) has £120.

365. How long has she been with you?—She is there fifteen years as well as I recollect, and she has had but one leave since she came. The resident surgeon has £90, independently of the £320 that I mentioned, in the first instance, for medical salaries. I think that exhausts the list of salaries.

366. The first clerk?—Oh, yes, the first clerk has £50 a year.

367. And the chaplain?—Yes, I omitted them. The Catholic chaplain has £75 17s. a year—it was Irish currency reduced to British—and the Protestant chaplain £45 a year. The two senior physicians have each £100 a year, and the junior physician £60; but the last appointment made by the Board was without salary—that is Dr. Nugent who was appointed the other day.

368. That is £280—there is a little more to be accounted for?—In the way of salaries?

369. Yes!—Yes, I beg pardon—the apothecary sometimes receives (under the head of salary) a midwifery fee of one guinea, and there may be pay to his substitute when he is on leave and gratuity to persons for some particular services, although that very rarely occurs.

370. Mr. KENNEDY.—But you would be able to give an accurate account from your books, I presume?—Oh, yes, to the penny expended.

371. The CHAIRMAN.—Do you ever hear any complaints made by the patients as regards want of food?

—Well, I have, not by the patients, but complaints have reached the Board sometimes from the medical staff.

372. That is, the medical staff have complained that the patients were getting on insufficient diet?—They thought there should be a more nutritious dietary and a more liberal dietary, and their representations have been attended to.

373. Were you ever threatened to be cut off from the Hospital Sanitary Fund on account of the looseness of your dietary?—Oh, no. We do not get any of the Hospital Sanitary Fund. We could not, being in receipt of the Government grant, and, as a matter of fact, we never applied for it.

374. Then have you recently heard complaints on that score?—No, sir, not recently.

375. Now, can you go further into the items which compose the gross average annual cost per bed—£31 14s. 11d.?—I can.

376. Just tell us how that is made up, exclusive of the £16 6s. 7d., the average annual cost per bed for maintenance of patients?—Yes, I have here, in the last report published by the Board of Superintendence of the Dublin Hospitals, but might I ask is that £31 14s. 11d. among the answers in the query sheet submitted to the Board.

377. No; it is in the accounts which you see there (handing return to witness). The items are given under three heads—the average annual cost per bed for maintenance of patients, £16 6s. 7d.; average annual cost per bed for maintenance of the establishment, £26 4s. 1d.; average annual cost per bed for management, £28 10s., making the gross average annual cost per bed £31 14s. 11d.; and I want to know how that is made up, exclusive of the £16 6s. 7d. spent on the patients?—You wish me to explain the establishment charges independent of the cost of maintenance?

378. I want you to tell us how that £31 14s. 1d. is made up exclusive of the portion for the maintenance of the patients—£16 6s. 7d.?—I am rather at a disadvantage here, because in the report of the Board of Superintendence before me I don't find that figure of £31 14s. 11d.

The Secretary (Dr. MYLES).—No; that is the average of the three years.

379. The CHAIRMAN.—Shall I give the details as I have them before me?

380. The CHAIRMAN.—Do, please?—Well, commencing with the wages of servants and nurses—our number of nurses and servants fluctuates according to the requirements of the institution. When we have a large number of patients the staff is increased. The nurses in the Richmond and Whitworth Hospitals are paid alike—£13 a year for wages, with £1 10s. allowance to keep up stock of doct. and in addition they receive retires in kind, and uniform.

381. Does that go into the expenditure that I refer to?—Yes, under the head of establishment charges. Then in the Hardwicke Hospital, owing to the great risk to life there from fever, they are paid a higher rate of wages. The nurses in the Hardwicke are paid £16 a year, whereas in the others it is £13; and the wardmaids are paid at the Hardwicke Hospital £10 a year, while in the Whitworth and Richmond they have only £8, with food and clothing in both instances.

382. Does that make it all up now?—Oh, no. It takes in a number of other items. Next is the item of gas and coal, which is very considerable. There are three large hospitals and a laundry establishment and the officers' quarters to fuel. Our coal contracts are always arrived at, however, after competition by tender in answer to public advertisements, so that the fuel is obtained on the most economical terms. The item of soap you will observe is very low. The gas-light, candles, &c.—£391 4s. 3d.—appears large, but owing to the number of buildings to be lighted it is not excessive, and every care is taken to prevent waste. The item of rent, taxes, and insurance is very heavy. It is stated in this report at £211 16s. 11d. but perhaps that may be taking in a portion of the

previous year that was left unpaid. Our actual rent, taxes, and insurance comes to a large sum, however—say £400 a year. Out of that there is a considerable portion for the Richmond Hospital, and that cannot be got rid of, because it is held under a perpetuity lease. The item of repairs is also heavy, but that is on account of the large number of places to be kept in thorough repair, and cannot well be controlled—in fact, there is always some plumbing or painting work to be done. Next, furniture and repairs, £90. That is only the cost of renewing the furniture and keeping it in proper repair. "Straw bedding and utensils" takes in all the blankets, sheets, counterpanes, and the straw for the fever hospital. Then under the head of burials and coffins—£30 14s.—that is a very moderate contract, only 13s. being charged for each interment.

394. Does that make up the whole now?—Yes.

397. Take the food and drink allowance, is it not very heavy?—Not considering the number of individuals to be dealt with, and taking into account what each person is allowed. They could not subsist very well on less.

398. You expended on fire, fuel, &c., £245 1s. 11d.—that is a very large item, isn't it?—It appears large, but it is accounted for by the number of places they have to heat—the number of fires we have to keep going in three distinct buildings—three different hospitals I mean with the buildings appurtenant to them; and the washing of the three institutions is conducted on the premises which consumes a large quantity of fuel. There is an excellent laundry department, and we don't pay for any laundry work outside. Again I may state that the contract for coals is always very reasonable. Last year it was only 13s. 5d. a ton or something exceedingly small for Whitehaven coal, delivered.

399. Who looks after these contracts?—The Board of Governors in the first instance, and then Mr. Mullen sees that they are properly completed with.

390. I suppose that the length of the sittings of your Board vary very much?—No, sir, I think they are generally pretty much of an average.

391. And of what duration?—Well on finance days it often goes on an hour and three quarters, perhaps two hours, but on an ordinary session one hour does the business. When I went there some twenty-four years ago the Board were generally occupied three hours at their meetings, and the reason was that there were a number of books and duplicated books to be examined, but by a system of improvement which I introduced the books to be examined now by the Governors are fewer, and time is thereby economised, so that we are enabled to get through the business much more rapidly and with greater satisfaction.

392. As regards the buildings themselves, do you think they are suitable?—I have had the advantage of hearing Dr. Gordon's replies to you on that question and I concur in them. No improvement could be made in the Hardwicke or Whitworth Hospitals in my opinion. With regard to the Richmond, an application was made to Government to rebuild it for us, because it was never fit for an hospital, its structural disadvantages were so great; but the Government did not see its way to rebuild the hospital and there the matter remains. There is a plan which Mr. Mullen was almost the first to think of, which is to combine with the Whitworth by enlarging it so as to form a medico-surgical hospital. The idea was to extend the Whitworth either north or south, and that could be done with very great convenience; and then you would have under one roof the medical and surgical cases, which would be attended with great advantage and much economy. For instance, one porter would suffice in place of two as required at present for the Richmond and Whitworth Hospitals, and the staff could be reduced—altogether the management and the administration of the hospital would be much more concentrated than at present. As regards the telephone, do you wish that I should say anything?

393. Yes, the rent for the telephone is put down at £34 1s.—The sum represented there is exactly the amount which it costs the Board of Governors to maintain the telephone between Richmond Hospital, the exchange in Dame-street, and the residences of the four Surgeons. Applications have been repeatedly made to the Board of Governors to allow of that communication between the residences of the Surgeons and Richmond Hospital, and one of the grounds put forward was that it would conduce to their attending more rapidly in the event of any sudden emergency or call requiring serious operations or prompt attention, and it has been found, I should say, of very great service, because the Resident Surgeon can at once communicate with the Surgeons when any case of difficulty or danger comes in. I was instructed to make inquiries both as to the probable cost and as to the practice in other hospitals in Dublin—as to the amount contributed by them. Well, I found that in most cases the hospital paid for the telephone between the institution and the exchange in Dame-street, and left it to the medical gentlemen to pay for the communication between their own residences and the exchange. In the case of Jarvis-street that is not quite the arrangement, and as regards Cork-street the senior Physician, Dr. Moore, has a telephone which is paid for by the hospital.

394. Mr. KENNEDY.—In Jarvis-street, the hospital does not pay for the Doctors' telephone?—It pays half of the charge.

395. No, it pays from the hospital to the exchange only?—I know that at all events it pays for the connection between the hospital and the exchange; but I understood it did a little more.

396. Certainly not?—In Cork-street they pay also for the connection between the senior Physician's house and the exchange; but the House of Industry Hospital pay the whole rent of the wire between the Richmond and the exchange, and half the rent of the wire from the exchange to the Surgeons' houses. The rent of the telephone—one single wire—is £13 a year, and in the case of an hospital, being a charitable institution, the Company allow £3 off, giving it to us for £10. Then half the cost of the four Surgeons' wires—£48—gives £24, which, added to the £10, brings out the figure that is returned—£34.

397. The CHAIRMAN.—Here is the return of the Cork-street Hospital, and there is no item at all for a telephone in it?—Perhaps they put it under "incidental expenses," but we did not disguise it in that way.

398. Sir RICHARD MARTIN.—How many of a staff have you to visit—how many nurses and members of the staff get rationed?—In the Hardwicke at present, as fever is low, we have about four day nurses and two night nurses. That is under our usual number, because, as I have stated, fever is low just now. In the Richmond Hospital we have four—four who are called nurses, but one is practically not a nurse, she has not charge of beds; therefore the number is given as three nurses to look after the patients, because one who had charge of beds is now in charge of the extern department, and we do not count her.

399. But how many have you to provide ration for altogether?—Nurses, is it, sir?

400. Altogether—how many of the staff get rationed?—Well, the number is not far from fifty.

401. What I want to come at is—how much per head does it cost for victualling the staff?—If I had had notice of the question I could have given you a precise answer as to the exact number and all particulars; but I think, as a matter of fact, we have about fifty of a staff to provide ration for.

402. Of course it takes more to maintain the staff per head than the nurses or patients?—Yes; I could give you a return if you choose in detail. Beginning with the male servants, we have three hall porters, one sculler, one head messenger, one dead-house porter, and a surgical messenger connected with the Richmond Hospital exclusively—that is seven men in all. Then turning to the female side of the establishment, we

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have between day and night nurses—in the Hardwick there are six, in the Richmond three day nurses and two night nurses, and in the Whitworth five nurses. Of wardmaids—in the Hardwick I think there are six, in the Richmond there are six and a corridor maid, in the Whitworth there are four wardmaids and a corridor maid; and then there are in each—the Richmond and Whitworth—two female servants to attend on the resident pupils, who are paid and fed by the Board. In addition there is the head landlady and four laundry maids, a cook and assistant cook. I think that is all. There are 48 women all told.

403. And these all got rations?—They all got rations.

404. Mr. HUTTON.—With reference to this question about pauper patients, Mr. Mullen said you could tell us the arrangements made for their admission, and what proportion they bear to the whole number of patients in the hospital?—Well, to give you a correct answer I would require notice of that question also, but I could supply it afterwards with accuracy.

405. Quite so, giving the number of paupers admitted from any union, and the portion of these paid for and not paid for?—I can give all that easily, and with accuracy.

406. The CHAIRMAN.—Then will you prepare such a statement for Mr. Hutton against our next day of meeting?—I shall.

407. Mr. HUTTON.—We want, in fact, to distinguish between the paupers admitted from the unions and those that would come in the ordinary course to the hospital, either from the country or the city.

408. Mr. KEEFE.—Is it your opinion now that a much larger number of beds could be administered to by the staff of your hospital? You are reported to have one hundred and fifty beds. Would there not be very great economy if, in place of 150, 300 were maintained at a slight increase of expenditure?—I think so.

409. The expenditure for the maintenance of the establishment amounts to £3,930 and £1,275 for management. If these were added together, instead of supporting or looking after 150 beds, with a very little increase you could go very nearly doubling the beds?—Well, with regard to the nurses, an increase of beds would render essential an increase of the nurses.

410. So it would. But with a very little addition the present expenditure would go very near keeping up double the number of beds. Is that not your opinion?—I think so. The present staff of officers could work an hospital double the size without any difficulty whatever.

411. From your observation of the nurses in this hospital have you any means of knowing the number of complaints that may have come in from year to year of inefficient nurses or of conduct that was censured by the Board?—Such cases have been few and far between; but whenever those complaints were made the Board took very decisive steps to get rid of any servant complained of with good cause. But there has been a desire expressed for an improvement of the nursing, which the amount of funds at their disposal do not enable the Governors to carry out.

412. Do you accompany the Governors from time to time through the establishment, that they may know, and see, and hear from the patients what the real position of things in the ward is?—I do.

413. How often do you do that?—Well, every month two Governors are appointed as visitors, and they generally go through the houses and inquire whether the patients are comfortable or whether they have anything to say, or any complaint to make.

414. Take the present month and contrast it with this month last year. Can you tell us now from your records how many visits the two Governors paid, and how many hours they spent in the institution from month to month?—I cannot, for this reason, they don't always record their visits in writing. A Governor goes to the house, and if he finds everything

to his satisfaction he leaves again without recording his visit.

415. Then there is no official record of what is done in that manner?—Well, there is a visitors' book for the purpose.

416. But it is not written up, it is not a record?—No entry has been made in it for a very considerable time.

417. And what means have the Board, with the exception of an occasional complaint reaching them from patients, who are left so completely under the nurses, of knowing what is going on, from your great experience are you not aware that a poor patient lying in bed, administered to by a nurse, is more or less a prisoner in her hands, and that if he complains or makes a noise or does anything, there are fifty ways by which an unprincipled nurse might prevent that man being heard, or might punish him?—That is so.

418. And what means are taken by the Governors to ascertain, apart from the nurses, whether the patient is properly attended to, receives his nourishment and so forth?—Well, sir, what would take place would be that, if a nurse neglected or was unkind to a patient, the matron goes round constantly through the wards and inquires from the patients as to complaints, whether their diet is all right, or if there has been any intimation, and the matron has her report book through which she would bring under the notice of the Governors anything that was remiss, any intimation or misconduct, or neglect.

419. Can we see that report book?—Yes, and you can see another book which comes before the Board in which the Physicians and Surgeons are requested to enter not only complaints against nurses but suggestions for the improvement of nursing.

420. We can see these books you say?—Certainly.

421. For the past year?—Yes.

422. Suppose there is a charge of that kind, the matron cannot be always in the wards, she has to attend to three separate houses and might be absent; has she a deputy to do her work for her while she is otherwise engaged?—No, nor is that necessary, because living on the premises two minutes will take her from one place to another.

423. And will the matron's book show us by day or week or month the observations she has made at the bedside of those patients?—It will, and I wish further to add that we have on the Board of Governors a representative of the Physicians and of the Surgeons, Dr. Banks and Dr. Stokes, and it is competent for them to inform the Board directly of any complaints that may reach their ears from the pupils or the patients.

424. But Dr. Banks whose time is greatly occupied, as we all know, cannot be very much about the Richmond Hospital?—Oh, no; Dr. Stokes attends there.

425. Dr. Banks, as you know, cannot spend as much time as he used to do in any of these hospitals?—He is very attentive.

426. At the Board?—Yes, and as a physician too, his attendance compels very favourably indeed.

427. We will pass from that. I want to ask you one or two questions on the subject of complaints from patients. Previous to the arrangement being made under which they are now visited by the Roman Catholic Chaplains with perfect freedom, before that was there a complaint as to the difficulty of seeing clergymen when patients were dangerously ill?—I never heard of such complaints.

428. And what led to the present perfect freedom of access for Catholic clergymen to attend patients at all times?—No restrictions were ever made on their attendance. One of the fundamental rules of the Board is that clergymen of all persuasions are to be allowed at all times to visit such patients as may be dangerous of seeing them, and that rule applies not only to the Roman Catholic Chaplain, but if a patient expresses a desire to see another clergyman than the regular Chaplain, he or she has only to communicate that wish and there is a form supplied that can be filled up, and forwarded.

429. And how long is that in existence?—Since the time the Board was formed. It is no recent matter at all.

430. Do I understand that the same freedom that exists now in that respect always existed?—Yes, always. It is a matter which the Board was always most careful about. If you refer to the admission lately of the Sisters of Charity, that request was made recently and it was at once acceded to. I may mention that the Governors are both Protestants who proposed and acceded that the Sisters should be admitted.

431. And are you quite sure that there was no case of complaint of clergymen not being sent for at any time within your memory, no complaint of a clergyman not being sent for when a patient was in peril of death?—I heard of such rumours out of doors, but I may mention, as the best proof that no proselytism has ever been carried on there, that I always regarded them as without foundation. We have been accused of proselytism and all sorts of things, but during the whole course of the Board's management a single convert to Protestantism has not occurred, although we have had in the other direction numerous conversions.

432. Mr. HOLMES.—I see that you have returned the amount of the Government grant as £7,472 15s. 9d., why not at its full figure, £7,400 l.—The difference, £127 15s. 9d., is deducted from the grant, being the amount of interest payable on bequests which belonged to the House of Industry. There are three very ancient bequests belonging to them.

433. And has that deduction been made ever since the grant was fixed in 1865?—Yes, from the commencement.

434. Then your total is what is given here?—Yes.  
435. I see that there is a balance against the hospital of over £559; was that at the foot of the last account?—It was, sir.

436. Well, seeing that you are in the unique position of having a fixed income and being able to eat your cost according to your cloth, how comes it that you have that balance against you?—It has been accumulating from year to year, and has been considerably reduced of late years. I have here a history of that debt which I can trace up for you if you wish.

437. I don't think we need trouble you as to that.

438. Mr. ARMISTEAD.—Are the accounts of the hospital kept in such a way that you can show how much of the outlay is applicable to each hospital?—No, sir.

439. They are kept in bulk?—Yes, to keep them separately for each hospital would involve the employment of a much larger staff of clerks or accountants.

440. The CHAIRMAN.—You mentioned in your reply to Mr. Kennedy just now that the clergymen came to the hospital at all times?—At all times.

441. Do you mean at any time during the day or night?—I do, and, as a matter of fact, they do.

442. Has any medical man complained that incompetent nurses, discharged for being guilty of misconduct, were, instead of being sent out of the hospital altogether, merely removed to another part of the institution?—Well, there has been a transfer from one hospital to another of a nurse who may have had some little difference with, perhaps, a resident surgeon who possibly made the place too hot for her.

443. Too hot for her?—That is, that he made it uncomfortable for her. The Matron saw that she was a good nurse, and did not wish to get rid of her

services for that, and she was removed away from the Richmond to the Whitworth or Hardwicke Hospital. But any sense of guilt of anything amounting to misconduct or irregularity or drunkenness is sent at once out of the hospital. On two recent occasions the Resident Surgeon complained that two nurses were drunk on duty, and they were suspended immediately by the Matron. The rules give her the power to do so. She then reported to the Board of Governors, and the women were dismissed, the Matron's suspension being approved of.

444. But I presume the Resident Surgeon referred to had good reason for making the phrase "too hot," as you explain it, for the nurse that was merely removed from one hospital to another?—That may be so.

445. And would he not be the best judge of a nurse's fitness?—Yes, presumably.

446. And he is responsible to the public, of course?—Yes. I wish to say a word as to the audit of the accounts I mentioned the other day—that up to 1868 the audit of the accounts of the House of Industry Hospitals was conducted by the Commissioners for Audit in Somerset House, London, but in that year the Treasury by a minute said it was no longer necessary to forward the accounts to Somerset House. But Mr. Mallen and I always felt that we would be more secure and in a better position if we had the protection and satisfaction of the certificate we used to get, and we were anxious to have the system of audit continued. With the concurrence of the Board I sent our accounts forward again to be audited with a reminder that an old Act of George III. rendered it necessary that the accounts of all such institutions receiving Government grants should be forwarded for audit, and that that Act had not been repealed. Well, notwithstanding, we got the account returned with an intimation that audit would not be necessary, and I mentioned the matter to the late Sir Dominic Corrigan, who was then a member of the Board, and who took a great interest in all matters concerning it. He read Sir Thomas Lawrence's letter, and said, "Well, we can't help it; if he chooses to teach at bed law we can't help it." But we have preserved every voucher and every document since the time that the Imperial audit ceased, and at this moment the auditors might go up there without notice to Mr. Mallen or myself—take down the accounts and the vouchers, and if their remuneration were to depend on the result fees for vouchers it would be very small indeed.

Mr. HOLMES.—I think every one who knows Mr. McDon must know that everything he has to say is in done most accurately and efficiently.

447. The CHAIRMAN.—Have you anything further to add?—Just one word more, gentlemen, in conclusion. It is with regard to our salaries. I think, considering our length of service there, and that we are all exposed more or less in a very dangerous service, for there is great risk to human life there, it will be allowed that what we get for salary is not too much. We have lost resident pupils, and chaplains of both denominations, and a matron—our former efficient matron, Mrs. Hayes—all through fever contracted there. I have had fever myself, and I may say, there is scarcely any one on the staff that has not had fever there. My life was despaired of, although I had the most eminent physicians in Dublin attending me; but it pleased God that I should get over it. I think that it will be allowed, however, that we earn our salaries.

Mr. Charles Colbe, M.A., called and examined by the CHAIRMAN.

448. You are one of the Governors of the House of Industry Hospitals?—Yes.

449. Now, do you think that the attendance of what are called the lay members of the Board has been satisfactory?—It might be better no doubt, but, at the same time, there are some valid reasons for the absence of certain members from our meetings. The present Lord Comynstown was absent for some years, and he has now gone to the Leeward Islands, so that of course he

cannot attend. As for myself, I was a very active member until within the last two or three years. Some ten years ago I had typhoid fever and could not attend then, and about two years ago I got congestion of the lungs, and bronchial affections followed, so that I was not able always to come into town by the early train to attend meetings at 11 o'clock, it is a train on the Northern line, which one has to be stirring very early in order to catch. And then I am obliged to go abroad

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Oct. 21, 1893.

Mr. James  
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Hayes.

Mr. Charles  
Colbe.

Oct 26, 1883.  
Mr. Charles  
Cobbe.

in March, and to be absent during April and May. But up to about two or three years ago I think you will find that I attended pretty regularly, and we generally had four or five gentlemen in the room, which indeed would not hold many more comfortably. Then on days when there was any special or important business to be transacted we had very full Boards.

450. You are the Board is responsible for the expenditure of this large sum of £7,500 a year, and do you think that a gentleman who has been abroad for three years, and who has now gone, if for five years, as the governor of a colony—Governor of the Leeward Islands—can really be considered as a serious governor of an institution of this kind—do you think it is a proper thing for him to hold the office?

Mr. HOLMES.—Lord Gormanstown has ceased to be a governor now, you know.

The CHAIRMAN.—Oh, he has ceased to be a governor—I did not know that, and his name has been returned to us.

Mr. HOLMES.—Yes, because he was only appointed a Colonial Governor a few months ago. When these questions were sent out by us he was still a member of the Board.

451. The CHAIRMAN.—At all events he had not attended for three years before; and surely the other attendances cannot be considered satisfactory either. One gentleman attended eight times out of twenty-four, another seven times out of twenty-four, another seven times out of twenty-four, another five times out of twenty-four. I know the gross total of your attendances is large in proportion, Mr. Cobbe—twenty-five or twenty-six—but don't you think the whole thing is exceedingly unsatisfactory?—No, I think that a very large Board does not get through business so well as a small one. When work is given to a number of men to do, some are apt to stay at home, from business or sickness, and things are not at all so satisfactorily attended to when you have a smaller number charged with the responsibility. That is my experience of public boards at all events.

452. We see from this return that Dr. Stokes has attended 94 times in the three years and Dr. Banks 97 times; then there comes next Major Grace; so that really and truly have not those three persons been the Governors of the hospital for the past three years practically?—I don't think so. I always found somebody else at the Board besides those two gentlemen and Major Grace. Mr. Martin, who is now in the room, has been frequently at our meetings, and some other members of the Board.

453. Here are the figures, you know, and they speak for themselves?—I don't know how they were made out, but I have frequently seen several members of the Board present in addition to Mr. Stokes, Dr. Banks, and Major Grace. I think Mr. Martin will bear me out in that. Mr. Robert Curran was frequently there, and Mr. Mallon—

454. Mr. KENNEDY.—Is there a Mr. Woodcock on the Board?—Yes, and he is very attentive, and is constantly there, I think.

455. The CHAIRMAN.—Now, it is the business of the members of the Board, is it not, to look after the contracts?—Yes, we do.

456. And have you observed that when contracts are to be disposed of there has been a larger attendance of members?—Yes, there is a special notice sent out when contracts are to be considered, and we think it an important thing to attend to.

457. You get notice of the meetings?—Yes, every fortnight now—it used to be every week.

458. Have you ever been present at the Board when complaints have come up from the surgeons as to the nursing?—I have heard them talk about having a certificated nurse. That seems to be a case they have got into their heads lately, owing to the Sunday Hospital Fund Committee saying that they would not give anything to hospitals the nurses in which were not trained and certificated. But our own nurses, who are not certificated, are exceedingly

good. Still, certain members of the medical staff apparently desire to see the matron, who has had long and large experience, turned out to make room for a young lady superintendent, but the Board declined to fall in with that arrangement. The old nurses that we have got are, as I have said, very experienced and very good, and a proof of that is afforded by the fact that not only have we sent some of them to the west of Ireland, where, as Dr. Gordon remarked, they won the highest commendation for their efficiency, but some went to England, and we got great credit for having trained them, while they commanded excellent wages.

459. Were you present at the Board when the sheet of queries forwarded by the Commission was considered?—Well, I was there one day when it was under consideration. I did not see the whole of the sheet, but I saw the answers.

460. Did you see that there was but one night nurse to 70 patients?—I did not, that I recollect. In fact, I was rather surprised to hear it mentioned at this inquiry. I was aware that the number of beds and of nurses fluctuated just at this time of the year. When the students are coming in for their winter session, the surgeons call upon us to increase the number of beds, and we are obliged to reduce them very considerably in the spring again. Of course, when we increase the number of beds we must of necessity increase the nursing staff as well.

461. But did you know yourself that the number of night nurses was only one to 70 patients?—No; because whenever we have gone through the house we have been always followed by quite a number of nurses and waitresses, so that I thought there were more.

462. Now, do the Governors really see that the contracts are fulfilled?—Well, we are in the room, and the samples are brought to us. We look through them. We find out how our best contractor served us, and we take them as best we can, seeing only to this—that we get the best contractor and at the lowest price.

463. But you depend entirely upon Mr. Mallon—no doubt a most desirable officer—to see that the contract when entered into is properly carried out?—Yes, afterwards; but there is always bread and milk brought into the board-room, so that we can judge of the quality of those two articles; and we can go into the kitchen at any time to look at the meat, if we choose.

464. You heard me ask about the dietary of the nurses, and how they were fed?—Yes.

465. Don't you think that it is a very unsatisfactory way of feeding them—to give them meat twice a week and let them cook it just as they like?—Well, we should require another kitchen if they were to have a common mess, and then they would require to go in to their meals at the one time, which would abstract all the nurses from their wards for a certain period. It should also be remembered that a certain number of the nurses are engaged in a fever hospital, and it would be dangerous to bring them into daily contact with the other members of the staff.

466. They keep this uncooked food—where?—They have their private rooms. I don't know where it is kept there.

467. Is drink given to the nurses as part of their wages?—Mr. Mallon can tell you that. I know that they get porter, but not spirits.

468. You never heard of the nurses selling food that was given to them?—No, I never heard of that.

469. Mr. KENNEDY.—The only question I want to ask you, Mr. Cobbe, is this—when the election of a medical officer takes place, I am told that there is no money transaction between them as in other hospitals?—I know nothing about that.

470. No, but although members of the Board are very irregular in their attendance at ordinary meetings, is it not the fact that all the Governors come up for these elections?—That is the case at all Boards that I know anything about.



471. There is a singularity about the circumstance that with such an enormous number of Roman Catholic patients as there are in Dublin, from the foundation of these hospitals until now, it has been stated by Dr. Gordon that he remembers but one Surgeon and one Physician who were Catholics being appointed by the Government to discharge the duties of surgeon or physician in that institution—now I ask you when you know as a fact that the number of Roman Catholics in these hospitals must be, in the ordinary course of things, ninety or ninety-five per cent., is it not strange that you should not have found for those Roman Catholic patients a greater proportion of practitioners with whom they could more freely consult in the time of illness—practitioners of their own persuasion—than you have succeeded in providing for them?—First of all I don't think religion has anything to do with superiority—

472. Don't misunderstand me, don't go off on any tangent; is it not peculiar, when the strong susceptibilities of Roman Catholics are well known to all the members of your Board, that you would not have provided a much larger proportion of practitioners of that persuasion to minister in these hospitals?—Let me understand you; do you mean that the susceptibilities of the patients go towards the surgeons or the physicians of their own persuasion—

473. Yes!—But I was not aware of that. On the contrary, I know several very sturdy Protestants who have a Roman Catholic as their family physician.

474. No doubt, and in many Catholic families with which I am connected myself they have Dr. Banks attending; but still the general order of Roman Catholics of the poorer classes think that they have a right, where the State pays for their medical advice, to get at all events as much as possible of that advice from practitioners of their own persuasion. And is it not strange that the Board has happened throughout so many years to appoint but three Roman Catholics on the medical staff, especially when that is taken in conjunction with the fact that Governors who as a rule do not attend are most present when the fatal day of

election comes?—Well, I don't think it is strange. First of all Dr. Banks mentioned not long ago, that when our hospital was established there were comparatively few Roman Catholic gentlemen well qualified as physicians or surgeons, so that the Government had not so much choice to make in appointing to vacancies on the staff and through the staff to the medical assistant the Board. I may say, however, that in this matter I have always looked to the medical members for advice, to Dr. Banks when selecting a candidate for appointment to the medical side of the house, and to Mr. Stokes or Sir Dominic Corrigan, his predecessor, when selecting a candidate for appointment to the Richmond. About a year ago there was a contest between Dr. Nugent and Dr. O'Carroll, and they said the superiority of Dr. Nugent was very great indeed, so we appointed him, at a very large Board. But the other day when Dr. Nugent was promoted, owing to his great merits, to be physician, from assistant physician, Dr. O'Carroll then came in and we gave him the vacant post. Personally, I have always looked to getting the man who was most competent, and I honestly believe that that is the sole feeling which actuates the Board. If the candidate come from Calcutta College of Surgeons, be he Hindoo or Christian, if he was the best surgeon or physician to be had, as the case might be, I would vote for him.

475. Would you ask the Roman Catholic poe of Dublin to submit to receive medical or surgical advice at the hands of a heathen or a Hindoo, as you say, in preference to the ministrations of such Roman Catholic surgeons as are to be found in the city?—I would, if he was the best physician or surgeon to be got. I do not look to religion in this matter at all.

476. Mr. AMSTERDAM.—Do you think that in the election of a surgeon or physician the Board would be influenced by any other feeling than a desire to secure the services of the best man?—I do not. I think they have always acted on that principle.

476. Mr. KENNEDY.—I did not intimate at all that they do not appoint good surgeons and physicians—it is a question solely of susceptibility.

Mr. Charles E. Martin called and examined by the CHAIRMAN.

477. You have heard the various questions put by members of the Commission and I will only ask one; what is your opinion as regards the attendance at the Board?—I confess at once that I am a very bad attendant myself, an exceedingly bad attendant, but I have intimated at the Board more than once that I only held the office on sufferance, and that I am quite prepared to retire at any moment they may fill the place with a more suitable person. I never attend the Board except on special occasions, when there is something important to do, or when I am requested to be present.

478. You heard the other questions asked about the nurses and sisters, have you anything to add to the evidence already given?—Yes.

479. Then if you will proceed—there is no use in repeating the questions verbatim.—Well, with reference to the nursing of the hospitals, I read in the newspapers the report of the evidence given by Mr. Stokes and Dr. Thomson, and I would say that theirs is not the opinion of the Government nor, I would add, of the medical staff of the Institution.

480. What portion of the evidence do you allude to?—The inefficiency of the nurses.

481. You don't think they are inefficient?—No, and it is the opinion of the Board that they are not inefficient, and further the physicians do not agree with Mr. Stokes and Dr. Thomson in their opinion on the subject. I elicited that only this month in consequence of some remarks made by Mr. Stokes at the Board with reference to the inefficiency of the nursing in the hospital he was particularly connected with. I was so shocked at what he said—I did not believe it indeed—but I immediately prepared a resolution

dealing with the matter, and calling the surgeons' attention to the complaint that Mr. Stokes had made.

482. Was the complaint to which you allude general in its nature?—Very general. I tried to bring him to details, and after a time amongst other particulars he stated that there was no nurse in his hospital that knew how to make a poultice. When I pressed him on that point he did not persist in it, but he made some other very similar statements. Then I prepared a resolution dealing with the question—it was to the effect that we had heard with a great deal of astonishment the statement made by Mr. Stokes as regards the nursing in the hospital he was connected with, and directed the surgeons' particular attention to the matter, requesting that they should see that there should be no fault; that this defect should not continue to exist; that we considered inasmuch as it was a Government institution and an educational establishment, it was part of the surgeons' duty to see that the nurses were properly instructed; and that in the opinion of the Board the fact that a nurse had served some years in our hospital ought to be quite sufficient education to qualify her to perform as a trained nurse. When this resolution came to be considered Mr. Stokes begged of me not to pass it. I think the majority of the Board—and it was a very full Board—was with me in having it carried. Mr. Cobbe was present and he was also of opinion that it should be carried, but Mr. Stokes pressed us hard not to have it put, so hard that I consented to withdraw it, and he then stated he was almost satisfied with the nursing—that the nursing had been greatly improved.

483. But these surgeons have managed the Richmond Hospital as an educational establishment, and

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Mr. Charles  
Cobbe.

Mr. Charles  
E. Martin.

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Mr. Charles  
E. Martin.

also from a surgical point of view, with great energy—have they not?—I do not think it is with great energy if they do not take the trouble to instruct a nurse how to make a poultice—if she does not know. It reflects greatly on the surgeons if the nurses are so ignorant as Mr. Stokes and Dr. Thomson would wish one to believe.

484. But assume that the surgeons report that they are dissatisfied with the nurses, would it not be rather for the Board to say they would take steps to find that they were properly instructed, rather than take no notice of it?—We were quite prepared to take notice of it, and asked for details, and the information I got did not at all correspond with what we heard from Mr. Stokes at the Board. As far as I am aware, there are only two members of the surgical staff who make this complaint about the nurses—namely, Mr. Stokes and Dr. Thomson—and their object is to introduce Miss Bernadette's sisters, or nurses I should say. There was an attempt made some time ago to introduce them, and from inquiries made it was deemed inexpedient to change the existing system, and have sectarian nursing of any kind introduced.

485. Did Mr. Stokes, during the discussion you refer to, define what the change ought to be?—Yes—certificated nurses.

486. And are these nurses certificated?—No—our nurses are not certificated. The majority of the Board did not think that in an institution like ours there should be any sectarian form of nursing.

487. But do not you admit the Sisters of Charity?—Not as nurses.

488. Then you object to the sectarian form of nursing?—Yes. Any sectarian system of nursing we devised would be objectionable in our hospitals.

489. But did they complain to you of the Board that the present nurses were not able to make poultices even?—It was just mentioned by Mr. Stokes as an illustration of their inefficiency, and then he did not press it.

490. Still, you would admit that, if it should turn out that there was a person in the hospital unable to make a poultice, she could hardly be called a nurse?—Certainly not, and her services should be dispensed with forthwith, in my opinion.

491. And have you taken any steps to find out whether this charge was justified?—I asked them, and she told me there was no one in the place who did not know well how to make a poultice.

492. Did you hear what I asked about a complaint having been made about a nurse who, instead of being dismissed, was simply taken from one part of the hospital and put to another?—I heard the question, but, if I ever heard of the transaction, it must have escaped my recollection, for I do not remember it. It is quite possible that such a thing did occur, but not for any grave offence—not for drunkenness or anything of that sort.

493. Simply that she could not get on with the surgeon?—Something of that sort, but I do not recollect such a case occurring—not of late years, at all events.

494. Sir RICHARD MARTIN.—Has the mistress the confidence of the Board?—I think so. I have the very highest opinion of her as a very superior, respectable, conscientious woman.

495. Have there been any complaints as to her supervision?—I never heard any complaints about her. She has the midwives, I think, to be the only Roman Catholic connected with the staff of the hospital, and there is a little disposition to have her superseded on the part of some of the surgical staff.

496. Mr. KENNEDY.—The only question I want to ask you, Mr. Martin, is with regard to those sisters you speak of—Miss Bernadette's sisters?—I do not think I was correct in calling them sisters—they are nurses.

497. Why did you call them sisters?—Well, they are a sort of community—they are exclusively Protestant.

498. And did they propose to put them over the entire of the hospital or only to nurse the Protestant patients?—Oh, over the entire of the hospital—that was the proposition made.

499. The CHAIRMAN.—Was a distinct proposition ever made to your Board to that effect?—Oh, yes; we have had the matter under discussion several times.

Mr. KENNEDY.—And, I think, you were perfectly right in rejecting it.

500 Mr. HOLMES.—Assuming that the Parliamentary grant was entirely withdrawn from your hospitals, do you think there would be a reasonable prospect of the Dublin public coming forward to sustain them owing to their prestige?—I think not.

501. And are you in favour of the present state of things being continued, under which the total income of the hospital is derived from the State?—Yes, because I don't see any other source to get it from. A short time ago there was a movement set on foot to rebuild the Richmond Hospital and we thought that, with the view of getting a public subscription started, that the members of the Board and the medical and surgical staff would put down their names for reasonable sums. We started such a thing in the board-room and got some eight or ten names for £10 each, and then the thing stopped—we could not get the balance of the members to subscribe, and we accordingly abandoned the idea of making an appeal to the public.

502. You are aware of course that there is no other instance in the United Kingdom of an hospital being entirely supported by the State?—I am aware of that; but our hospitals are exceptionally circumstanced, and the authorities consider that they have peculiar claims on us in connexion with the caring of the police. And, also, there are some old customs connected with our hospitals—for instance, trusses are supplied gratis to the whole of Ireland—whenever application is made for them.

503. But looking at it as an abstract question don't you think there is extreme difficulty in continuing a grant from the State to a Dublin hospital more than any other hospital?—Well, I have always dreaded that this question would arise, and was most anxious that Lord Spencer's suggestion of last year—to capitalise the grant—should be carried out as soon as possible.

504. I am quite understand an hospital being supported out of local rates, and probably we are not far from the time when that will be done, but it is quite a different thing to have an hospital supported out of the Imperial Funds—I don't know what your view is as to the question of local rates contributing to the support of local hospitals?—I think it is very proper that they should contribute.

505. They do at present in Dublin to some extent, I am aware?—Yes, but I doubt if we could get that contribution increased. I think there is a general feeling on the part of the citizens that we are taxed high enough already.

506. Mr. KENNEDY.—Mr. Martin, I suppose you would prefer very much that the grant should not be commuted at a limited number of years purchase if the Treasury could see their way to a redistribution of the grant in globe—you would not, for the sake of grasping £4,000 or £5,000 a year to your particular hospitals, sacrifice the grant if the Government was willing to continue it as a whole distributed over a number of hospitals?—I most emphatically prefer keeping it all for ourselves.

507. But listen to my question—if you could not get it all but only a capitalised sum representing ten or twelve years' purchase, is it your desire that the Government should be aided in the distribution of the grant in order that such an institution as yours should receive even half of it rather than that the whole of it was retained and divided among other institutions, yours getting a share?—There was no such proposition that I heard of.

508. I put it as an abstract question simply—would you rather take £4,000 or £5,000 a year than continue the grant in its entirety for the benefit of several hospitals in the city of Dublin?—I never contemplated taking such a sum as would yield only an interest of £4,000 or £5,000 a year.

509. What you want is the £7,600 capitalised?—Yes, at twenty-five years' purchase.

510. So that you would be left practically in the same position?—Yes.

511. Now, I understand, but I don't think Mr. Holmes put it in that point of view?—And out of that money we might wish to spend a considerable portion in remodelling our institutions.

512. And don't you think that, if with that money you could find accommodation for 500 patients instead of 150, and that without going to the expense of new buildings, it would be a better plan than to go and construct in that locality the Richmond Surgical Hospital, or any other?—You are appealing to me from a patriotic point of view now, and I look at it from another point of view entirely.

513. No, but as an honest conscientious citizen of Dublin, competent to form an opinion and to give expression to it, I ask if I can show you an institution with 300 beds capable of being managed at the same expense as 150 beds in your hospital, and that without going to any expense for new buildings, would it not be more just and prudent for the Government rather to make that use of this grant than to continue it to you? I ask you that, as a man of common sense, would you not prefer to see that done than that the entire money should be lost to the city of Dublin?—I am afraid that your scheme is not practicable though.

514. Suppose it to be practicable?—Well, I try to be loyal to the institution I am here to represent.

515. But, coming here as a witness, you are supposed to give us the benefit of your experience and advice? I should wish to be loyal to the Mater Misericordie, but I don't introduce that. I ask if we can, by any system of economy and better management, support 300 patients instead of 150, would you prefer seeing the patients increased in number and the cost decreased to continuing the grant as it exists at present?—Yes, I would—if that were practicable.

516. Mr. ANASTASIOU.—Generally speaking, you are in favour of consolidation?—Oh, decidedly.

517. The CHAIRMAN.—I want to ask you another question—you don't look upon these House of Industry Hospitals as only a Dublin institution, I believe, but claim that the grant is given in part consideration at all events of services rendered to the whole country?—Certainly, and that is so—we receive patients from all parts of the country.

518. What was the matron before she got into your hospital?—She was appointed before my time—before I joined the Hospital Board; but I think I heard she was connected with the workhouse previously.

519. Mr. CHARLES COFFEY.—I can answer that question. She was seven years in the convict prisons in Dublin—Mountjoy, I think; and she was chosen out of seventy candidates, about fifteen years ago, to be matron of these hospitals. Would you allow me to add a word or two? Mr. Martin speaks of the confidence of the members of the Board in the matron. I wish to supplement that and say that she has also the confidence of my persuasion, though she is not of our way of thinking. As to the Richmond hospital—some time ago there was a house close by which was set on fire. We bought it, and pulled it down, so as to have the fresh air at that side of the hospital, but still if we were favoured with a special grant for the purpose we could improve that portion of the institution still more.

520. The CHAIRMAN.—On the same site?—Yes, practically. Then I wish to give the opinion of Sir Donald Corrigan as to amalgamation. He said—“If you concentrate patients in an hospital with any

complexion of disease it is very dangerous, and therefore I would be against amalgamation on that ground.” I have heard Sir Donnell say that, and I don't think I could have a better authority. Then, as to capitalising the grant, I don't like the idea, because the first proposition would probably be to spend so much in new buildings, which would leave us with a diminished income and necessitate a curtailment of beds and a dismissal of patients from our doors. With every care of our present income we are in debt, and we have been struggling to wipe off that debt year after year, how—by not taking in more patients and by reducing the number of beds during the summer and autumn months.

521. Mr. KILGERRY.—In reference now to the house which you purchased adjoining the Richmond, are you aware that the Corporation of Dublin has been applied to repeatedly by the hospital to try and remove the absolute nuisance which exists in the open space there created—in contiguity to the hospital premises?—Yes.

522. And that there are also in close proximity to your institution manure heaps, dairy yards, and so forth?—Yes.

523. And nuisance that you have not been able to get completely rid of?—Well, things are better now than they were.

524. But you are aware of the present surroundings of the hospital?—Yes. I remember I brought the Duke of Marlborough when he was there up to a place whence he got a good view all round, with the view of impressing on him the necessity of cleaning the space about us or improving our condition in some way.

525. Speaking of the Corporation and of your hospital, do you think that it would be an injurious thing if the Government were not to abolish this grant, but capitalise it and distribute it—that the Government should find a fair representation on the Board. Would you not be in favour of popularising the management—that is, by entrusting the Corporation as the representatives of the ratepayers and other public bodies, and to cease this system of personal nomination of Board?—The Government appoints the Governors. It is not a personal appointment.

526. It is a personal thing, because they are the nominees of the local representative of the executive of the day. Would you have any objection to see the management of the institution extended, and extended in such a way as to include the representatives of the ratepayers?—I think the Corporation has enough to do at present, if you ask me.

527. But they might delegate people to act as governors, or not themselves. Do you not think that where the sum of money is so large that is contributed by the rates, it should be distributed by representatives rather than by individuals?—I think we have managed very well, and that the Corporation might make it a political arena rather than a Board of Governors.

528. Mr. HOLMES.—I want to ask you merely an abstract question. Assuming that the ratepayers contribute £5,000 a year to the maintenance of hospitals, don't you think the representatives of the ratepayers ought to have some voice in their management and control?—But it is the Government gives this grant of £7,600.

529. Yes; but it would appear from a return I hold in my hand that the Corporation contributed £4,600 last year for the support of hospitals?—For other hospitals.

530. My question was an abstract one, and had no reference to the House of Industry?—Well, paying and representation goes very much together, I should say.

Mr. HOLMES.—I will take that as an answer, Mr. Coffey.

The Commission adjourned till Saturday, the 31st instant.

On 26, 1898  
Mr. Coffey  
R. Moran.

Oct. 31, 1885.

SATURDAY, 31ST OCTOBER, 1885.

The Commission met in the Office of the Treasury Remembrancer, Lower Castle Yard.

Present:—SIR ROWLAND BLENKINSOP, Bart., Chairman (presiding), SIR RICHARD MARTIN, Bart., D.L., MR. THOMAS MAXWELL HUTTON, J.P., MR. CHARLES KENNEDY, J.P., MR. R. W. ARBUTHNOT HOLMES, and MR. RICHARD OWEN ARMISTEAD, J.P.

The Secretary, Dr. MYLES, was in attendance.

Dr. MYLES having read the minutes of the previous sitting, which were confirmed, the examination of witnesses on behalf of the House of Industry Hospitals was resumed.

Mr. James Donnellan.

Mr. JAMES DONNELLAN called and examined by the CHAIRMAN.

531. Mr. DONNELLAN, you have been resident pupil at the Whitworth Hospital, I believe?—Yes, sir, since February last, and I am still resident there.

532. And what are your duties as resident pupil?—To see that the instructions of the physicians are carried out by the nurses and the subordinates, and to, in fact, discharge the ordinary duties of an assistant resident physician in the place during day and night.

533. You spoke to the physicians of your hospital about coming forward to give evidence to-day, I understand?—Yes, sir, and I do so with their consent and approval.

534. Mr. KENNEDY.—With the consent and approval of the entire staff?—Yes, of the entire medical staff.

535. The CHAIRMAN.—Your duties as resident pupil would, of course, give you a very intimate knowledge of the efficiency of the nurses, and of their conscientiousness in carrying out the orders of the physicians—do they not?—Yes, sir, the nurses are more under our eyes than, perhaps, under the physicians', who are only there in the mornings, or in case of any emergency arising during the day.

536. And, in your opinion, are the instructions of the physicians efficiently and conscientiously carried out?—As a general rule they are. The nursing in the Hardwicke—with which I am also acquainted as a past resident pupil—could not be surpassed, and in the Whitworth it is very good. Some months ago it was not so good, but at present it is very good indeed.

537. Have nurses ever complained to you of their dietary?—Yes, they have frequently complained, and they are unanimous in their complaints.

538. They address their complaints to you?—No, that is not within my province—they address their complaints to the matron.

539. They have to cook their own food as best they can?—Yes, and they are supplied with no means of doing so.

540. What means have they got?—I suppose there is some sort of cooking apparatus in their rooms?—There is not. I have seen them trying to broil meat on the carbons of the fire. Some have supplied themselves with pans—frying pans and the like—but they have no regular means of cooking.

541. And, I suppose, a nurse might be engaged in cooking her own diet when she ought to be attending to a critical case?—Yes, it might be so.

542. Have you ever known an instance of that occurring?—Well, no, I have always found the nurses willing to give up the cooking of their food if they are required. Even within the past week I have known a nurse to be without her dinner till seven o'clock in the evening when attending to a critical case.

543. Then what would happen would be this—that the nurse would often have to attend to a critical case—being a conscientious woman, not having had sufficient food beforehand, perhaps starving for want of it?—Yes—either she must do that or the patient must be without proper attendance.

544. Therefore, I take it, you are of opinion that

the whole method by which the nurses are dictated is radically wrong?—Yes, sir—radically wrong.

545. Now, will you tell us what are the duties of the wardmaids?—The duties of a wardmaid are to keep the ward clean, to scrub the floors, &c., to assist the nurses—making the beds and in making up the washing for the laundry, to receive it, and help in the counting; and, in fact, all the ordinary duties of a general servant.

546. Can you inform the Commission as to the source from which the staff of wardmaids is recruited?—Well, generally—most frequently, at all events, from the North Dublin Union Workhouse.

547. And how are the nurses selected generally?—Three-fourths of the nurses in the Whitworth Hospital at present have been wardmaids. There are four nurses, three of whom have been promoted from the position of wardmaids, the other is a trained nurse. But I must say that some of the promoted wardmaids are very good.

548. But still I suppose you would not be inclined to say, would you, that the scrubbing of floors and all that sort of thing was a proper training for the position of nurse in an hospital?—Oh, certainly not, I would say nothing of the kind. But in those matters a great deal depends upon the characteristics of the woman; an intelligent girl has many opportunities of learning much about the nursing, and the best nurse we have in the Whitworth is a promoted wardmaid; but, on the other hand, some are found to be inefficient, and are generally relegated to the position of night nurses, where they don't come so much under the eyes of the Physicians.

549. Then, as a matter of fact, your evidence goes to show that the nurses are selected in this hospital principally from among the wardmaids, who themselves are selected poorer inmates of the workhouse?—Yes; but at present there is no nurse who is a promoted wardmaid and who has been an inmate of the union workhouse.

550. Not at present?—No, not at present.

551. To go back to your previous answer—the inefficient nurses have been, as you say, relegated to the position of night nurses?—Yes, those who have been found inefficient as day nurses when tried, say during the vacation or temporary absence of one of the regular nursing staff. When found unfit after such trial or inefficient they are not promoted, but, if well-conducted, they are put back to be night nurses.

552. But is not the duty of a night nurse more severe than that of a day nurse?—Not necessarily so. In some cases it is. The general method of night-nursing in an hospital seems to consist in keeping the patients quiet. If that is accomplished the nursing seems to be perfect in the nurse's opinion, and if a patient is awake and restless the nurse applies to the Resident Pupil for a sleeping draught, and the patient is kept quiet.

553. Then the system is, that the more inefficient the nurses the less the supervision, because there is less supervision over night nurses than over day

turns—is there not?—As a rule there is, unless in an emergency the Resident Pupil may go round the wards during the night himself.

564. Have you ever known a case in which the experience acquired as wardmaid was the sole qualification of a person appointed to act as a nurse in the Whitworth or Handwick Hospitals—no other qualification except scrubbing floors?—Except having acted occasionally as sempstress in the house.

565. As what?—As a sempstress.

566. And do you think that is a great qualification for a nurse?—Certainly, sir, I don't think it is.

567. Now, have nurses ever complained to you of being compelled to take porter in lieu of wages?—Yes, I think every nurse in the two hospitals with which I am connected have complained of that from time to time.

568. Under that system, supposing a nurse was a total abstainer so that she would practically be deprived of a portion of her wages, would she not?—There is no understanding that wages be stopped for porter, but they are given food and wages as the remuneration for their services, and they must take the porter whether they like it or not. They have several times requested to have butter or vegetables given instead of the porter, but were always refused.

569. Now, I am going to ask some questions which will be more agreeable to you, I think. The opportunities of acquiring a knowledge of diseases in these hospitals are very great, I understand?—Very great; I don't think they are as good in any other hospital in the city, and I have attended clinical lectures in all of them.

570. And these opportunities are very highly prized by the medical students there?—Yes, very highly prized indeed, and even by students of other hospitals, who come to ours very frequently.

571. The reputation of the House of Industry Hospital as a teaching institution, and from the point of view of the development of medical science is very great, is it not?—Very great, indeed, sir; its fame is, I think, world wide. I don't go too far in saying that.

572. Then the sum of your evidence is that, that the House of Industry Hospital from the point of view of a teaching institution are admirable, but that they require great reforms as regards internal management?—Yes, sir.

573. Mr. ARMITAGE.—Does your personal knowledge enable you to offer any suggestion as to an improved system of nursing, or of the employment of nurses?—As to the employment of nurses, I don't think I would be able to offer an opinion.

574. No, but as to the instruction of nurses?—I think there should be some method of systematic instruction established, by which a proper training would be given to nurses, and that a woman coming into the service should not be engaged till she proves her competency by some kind of an examination.

575. With regard to the evidence you gave as to the complaints of the nurses as to their dietary, and as to being compelled to take porter whether they liked it or not, can you tell us whether those matters were ever brought before the Board of Governors?—The nurses are entirely under the charge of the matron, and they address their complaints to her. It rests with her then to forward them to the Board or not, as she thinks proper.

576. Have you reason to believe that these complaints or representations were ever brought under the notice of the Board officially?—I do not know.

577. Mr. KENNEDY.—With regard to the nurses, when you say that they are taken from the North Union Workhouse, are they selected from the hospital wards there, after having had considerable training, or are they taken from amongst the ordinary inmates, who have had no training?—There are no nurses taken from the North Union—only wardmaids.

578. I see, wardmaids only?—Yes. Some may have been in the hospital wards there, and others from the workhouse, without any experience whatsoever.

579. So that it is from the knowledge acquired in your own hospital as wardmaids that their claim to promotion rests?—Yes.

580. I want some information from you on another subject—you have 90 pupils on the hospital books, or, as we call it, "walking your wards"?—I do not know the exact number.

581. It is stated to be 90. Can you tell me from what schools they come from as a rule, and what fees they pay?—Do you mean the extern pupils?

582. Yes—the pupils who go round the wards in the morning with the surgeons?—I think they are pretty well divided between the College of Surgeons, the Catholic University Medical School, and Trinity. I believe the College of Surgeons men predominate, however.

583. But you think there is a fair sprinkling from these three schools?—Yes, and from the Carmichael. In fact, all the medical schools of the city are well represented.

584. What fees do they pay for the clinic of your hospital?—They pay twelve guineas for the nine months' course, and eight guineas for the six months' course. If a man goes in as a resident pupil he pays an additional fee of eight guineas.

585. But, as a matter of fact, the pupils attending there for clinical instruction pay either twelve guineas for the full course, or eight guineas for a six months' course?—Yes.

586. Sir RICHARD MARTIN.—Do the wardmaids assist the nurses when, for instance, it is required to turn a patient in bed?—Yes—the wardmaids always give the nurses any assistance they may require.

587. In changing bed linen, and so forth?—Yes.

588. So that in that way they are being educated in nursing?—Yes, a wardmaid, if she is an intelligent woman, has many opportunities of acquiring a knowledge of nursing, and learning a great deal. Of course, the same experience is not required in a medical as in a surgical hospital; but, in my opinion, a woman ought to have some training before she is competent to discharge the duties of a nurse, either in a surgical or a fever hospital.

589. But do I understand you to say that the wardmaids lend a hand in nursing the nurses, even in the surgical or in the fever hospital?—Oh, yes, in all the hospitals.

590. And in that way do you not think they have an opportunity of learning the business of a nurse, if, as you say, they are intelligent women?—Well, in the medical hospital the duties of a nurse are practically to carry out the orders given by the physicians or the resident pupils, while in the fever or surgical wards a great deal depends upon the efficiency and the intelligence of the nurse and her experience—in the medical hospital a woman accustomed to those minor details, and who will do just what she is told, could get on very well; she has little or nothing to do of her own motion—she would have to originate no treatment of her own; whereas in a surgical or a fever hospital the nurse has frequently to rely on some treatment of her own, arising out of her experience.

591. You have referred to complaints by the nurses of the food given to themselves. Did you ever hear them complain of the dietary for the patients?—Yes, occasionally. But very seldom has there been fault found with the dietary of the patients. I have myself, when going round the wards, asked the patients had they any fault to find with their diet, and never heard any complaint made.

592. Mr. HOSKIN.—I understood you to say, in reply to Sir Rowland Blomfield, that the inefficient nurses are told off for night duty. Who are responsible for their being so told off?—All the nurses are placed at their posts by the matron.

593. The medical staff are not aware, I suppose, that the inefficient nurses are told off for night duty?—No, unless it is brought under their notice by any fault committed or neglect arising.

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584. It has never been brought under their notice that you are aware of?—Yes, and night nurses have been dismissed and removed.

585. Is it the confidence of the medical staff that attracts medical students to these hospitals?—Yes, and the fact that you have ophthalmic, surgical, medical, and fever hospitals combined in the one institution. Pupils are also near the Lunatic Asylum there, and so we all know experience of lunacy is becoming compulsory now for nearly all examinations.

586. Mr. HURRIS.—Mr. Donnellan, with reference to the night nursing, does any one go through the hospital at night regularly?—Yes, sir. The resident pupils visit all the wards of the hospital about 10 o'clock.

587. Then later, and in the early morning?—As occasion requires. Last Thursday morning, for instance, I was about the wards from two to four o'clock in the morning.

588. But it is no part of the duty of a superior nurse to go round and see that the nurses are at their posts during the night or morning?—No; the resident pupils have the supervision of the night nurses generally speaking, in all the hospitals, I think.

588A. Mr. KESNEY.—May I ask this question? If the matter is not within your knowledge don't answer it. Do you know of many instances in which men who attended that hospital as pupils have, after obtaining their degrees, obtained appointments in the Poor Law Medical Service throughout Ireland?—I know four or five men in the country who have been pupils at these hospitals, and who hold such appointments; but I know a great many other former pupils who are filling very distinguished positions in Dublin, throughout the country, and abroad.

589. But I confined my question to the Poor Law Medical Service. Is it usual for the pupils of your hospitals to go down from Dublin when they pass, and receive appointments in dispensary districts throughout Ireland?—I cannot answer that question.

590. The CHAIRMAN.—Is it the fact that members of the surgical and medical staff of these hospitals, being either examiners or professors in the colleges, acts as an attraction to students to attend your school?

—Well, with some students I think it is a fact, but the majority of the students, especially if they have any sense in their heads, know that it is very little good to them to attend a school for that reason, because no examinee—certainly none of our men—would be influenced by it one whit.

591. Mr. HURRIS.—Of course, there is a register kept of the religion of the patients as they come in?—Yes.

592. And is the number of Catholic or Protestant pupils who attend the hospital also known?—No, we never inquire as to that. I am a Catholic myself, I may state.

593. Mr. HOLMES.—Would you say that there are many Catholics among the medical students attending your hospitals?—Oh, a large number.

594. In what proportion are they, would you say?—I could not say. We never ask what a man's religion is.

595. No; but I ask for my own information. Would you say that one-fourth of the entire number are Catholics, or more?—I could not say. I repeat that we never attach the slightest importance to a man's religious belief there.

596. I am not asking from that point of view at all, but simply as a matter of fact?—I don't know, sir.

597. Mr. KESNEY.—I suppose there would be at least one-third?—Yes, at least, I should say.

598. And you would not be satisfied if you were told that there were more than one-half?—I would not.

599. Mr. ARMSTRONG.—In point of fact you never thought of it?—No. As a Catholic I think it is only right to say that Catholic students always get their fair share of the appointments in connexion with the institution as resident pupils.

600. Mr. HURRIS.—I asked the question because it had been suggested as a reason why there are so few Catholic gentlemen on the medical and surgical staff that it was owing to the want of supply?—There may be another reason, I think, that Catholics, former students, have not come forward; but so far as the resident pupils are concerned, I know we get our full share.

#### Mr. William Barker examined by the CHAIRMAN.

Mr. William  
Barker.

601. You are also a resident pupil in the House of Industry Hospital?—No, at present, sir; I was till the 6th of this month.

602. And you have heard the evidence given by the last witness?—Yes, Sir Richard.

603. Have you any remarks to make upon it?—No; I can corroborate every word Mr. Donnellan has said.

604. You agree with him in all he has said?—I do, sir, entirely.

605. Can you tell me from your own knowledge have you ever heard complaints from the nurses in regard to their diet?—Yes.

606. As to their difficulty in cooking it, I suppose?—Yes; they are not supplied with any means of cooking their food.

607. Has it come to your knowledge that nurses have sold food?—No, sir. I believe that policemen and others occasionally pay for their meat being cooked though.

608. Pay whom?—Pay the nurses for cooking their food.

609. Policemen pay nurses for cooking their food?—Yes, I have heard of their doing so.

610. Mr. KESNEY.—I presume you refer to policemen who were patients in the hospital?—Yes, sir.

611. The CHAIRMAN.—But you never heard of them paying for any portion of their food?—No, I never did.

612. Have you ever heard complaints from patients as to their diet?—I have.

613. As regards the quantity, the quality, or the cooking?—As regards the cooking.

614. The means of cooking in the whole establishment is very faulty, I suppose?—Well, I can't say that, but I know there have been instances where the patients could not eat the food as cooked for them, and I have asked the physicians for leave to allow the nurse to cook the food specially for those patients.

615. You don't wish to add anything to what has fallen from the last witness?—No, I do not—as regards the diet.

616. Have you any other observations to make upon his evidence?—No, I think not, sir.

617. Mr. ARMSTRONG.—Have you had personal opportunities of seeing the food supplied to patients so as to enable you to form an opinion as to its quality?—Oh, yes.

618. And what is your opinion on that subject?—Well, sometimes it is not so good as it ought to be—it varies very much. I have often seen a large lump of gristle sent up to a patient, and bone; and the meat is sometimes rather coarse.

619. Sir RICHARD MARTIN.—Of course there are some patients on milk diet—have you had any reason to find fault with the quality of the milk supplied?—No, the milk is very good. It is tested every day.

620. And you believe that it contains a fair amount of cream?—I do—the right percentage.

621. Mr. KESNEY.—What do you consider the right percentage of cream in milk?—About 10 per cent.

622. I presume you have also had an opportunity of judging of the quality of the flour, bread, and things of that sort?—Oh, yes—the bread is fairly good.

623. Have you any idea whether it is made of hot, 2nd, or 3rd floor?—I could not say as to that.

624. And what is the last upon which you arrive at the conclusion that the bread is fairly good?—There are no complaints made about it, and it keeps fairly well.

625. And when you complained of the meat it is because it was coarse and grindy?—Yes, it is rather coarse sometimes.

626. The CHAIRMAN—You entirely agree with what

the last witness said in answer to my questions as regards the appointment of night nurses?—Yes.

627. There is less control over the night nurses than there is over the day nurses?—Yes, they are not so much seen.

628. And the more inefficient nurses are usually made night nurses?—Yes.

629. So that, I repeat, the more inefficient the nurse the less the supervision?—Yes.

Mr. John M. Price Kennedy examined by the CHAIRMAN.

Mr. J. M. P. Kennedy.

630. Mr. Kennedy you are resident surgeon to the Richmond Hospital, I believe?—Yes, Sir Rowland.

631. What is your opinion of the nursing arrangements there?—I think the nursing arrangements at present in the Richmond are very good—as regards the day nursing.

632. Has it improved since you went there?—Oh, yes.

633. Very much improved?—Very considerably.

634. I am afraid I must ask you one or two questions on the subject. I suppose you have had a great deal to say to the improvement effected in the nursing?—Well, I think I had something to say to it. I have had to report three nurses since my appointment, and the three that I complained of were dismissed from the Richmond Hospital immediately upon my report being sent in.

635. Would you specify the complaints you had to make?—The first nurse I reported was in October, 1884. I reported her for inefficiency, and, I think, she was also astray in her mind. She was immediately removed. The second I reported because I found her under the influence of drink at night in charge of a ward, and she was taken away and degraded to the position of a wardmaid at the Whitearth. The third I reported was drunk at nine o'clock in the evening in charge of a ward, and she was immediately dismissed from the hospital.

636. Then the two nurses that were reported by you as having been found drunk there, were sent away instantly?—No; one was discharged instantly, and the other was degraded to the position of a wardmaid in the Whitearth. I think it is the custom of the Board in the case of a first offence to give another chance. At all events that was done on the occasion that I speak of.

637. Now, have the nurses ever complained to you about their diet?—Oh, yes. I think the reasons of the nurses requires great improvement. They are not allowed any vegetables at all—not even potatoes. The Catholic servants of the institution are not allowed fish on Fridays. The nurses are not allowed butter. All are allowed porter, but if they don't drink it they can get nothing in lieu of it. In my opinion the nurses' food should be cooked for them, and they should have a proper dining hall, because I think there is nothing more enervating than residence in an hospital; and at present the cooking arrangements for the nurses in the Richmond are very bad. They are obliged to cook their food in their own bed-rooms, because they have not got a sitting-room.

638. One of the witnesses told us just now that he found nurses brooding their nest on the embase—has that ever come under your observation?—No, Sir Rowland. I think they cook their food on a frying pan or a grilliron—the usual method—but there is no accounting for taste. They might prefer their meat done on the embase—I certainly should not.

639. Well now are the present nursing arrangements, in your opinion, fairly good?—I think, as regards day nursing in the Richmond, it is fairly good. The three nurses there are very good. They can take temperatures, record pulses, give enemas, and, in fact, attend to all the requirements of a sick room. There are three day nurses there now, but, I think, that in the full swing of the winter season—when the beds are full—

there ought to be four instead of three. That is when the hospital is open and the full number of patients in.

640. Do you think that the number of night nurses ought also to be increased?—They are increased now. There are two there now, and I think that is quite sufficient. But before, there was only one night nurse to seventy beds. That however was not so very bad as it looked at first sight, because we always order special attendants. That is within my own discretion when a critical case requires them. After any serious operation or when a patient is in danger there is a special attendant by that bedside, whose duty it is to remain there always until the crisis is passed. Besides that we always had very efficient resident pupils, and it has been invariably the custom for the resident pupil in charge of a dangerous or serious operation case to sit up during the night and watch the progress of the case, so that in fact the ordinary night nurses have nothing to say to these special cases unless they are called upon to render some aid. Then I am also at hand when required, and the visiting surgeons can be communicated with very readily. That system has been found to work very well in the past.

641. Supposing that in the case of two hospitals the rate of mortality was found to be greater in one than in the other, might one assume that the nursing in the hospital where there was the lower rate of mortality was more efficient?—I presume you refer to a surgical hospital?

642. Yes?—I think not. I think the low rate of mortality would depend greatly upon the skill of the surgeons and the care bestowed by the surgical resident pupils, but at the same time good nursing would influence the mortality in this way—that a nurse when she saw a serious change would at once summon a skilled adviser, whereas an inexperienced nurse would not do so.

643. In cases of amputation for instance, would nurses not have something to say to the recovery of patients or otherwise?—I think the general management of the sick bed has always something to say to the condition of a patient, and if a patient were in the hands of a good nurse it would no doubt tend to diminish the percentage of death rate somewhat.

644. Had you the advantage of hearing Dr. Thornley Stoker's lecture at the Richmond Hospital on Thursday?—Yes, I had.

645. The reason I ask that question is that he states in his lecture that in the London hospitals the average mortality from amputations during a certain period varied from 36·7 to 56·24 per cent., and that in the Richmond Hospital is only about six?—Yes.

646. And is that not exceedingly creditable to the Richmond Hospital?—Yes, and that is due to the skill of the surgeons and residents there. I don't think nursing has very much to say to it.

647. I suppose very much would also depend upon the class of soldiers cases dealt with?—Certainly, and there may be more inherent vitality in an Irishman than in an Englishman, too.

648. Are you as House Surgeon responsible to the Board and to the public for the proper management and the care of patients in the Richmond Hospital?—Yes.

649. And your duties are very arduous?—Yes, I don't generally get to bed till two in the morning.

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I am called two or three times during the night and get up at eight; and I don't go to bed on Sunday till about four.

650. And the emolument of your office are not very great, I understand?—No, only £50 a year; but the great experience one gains as Resident Surgeon to a large institution like that counterbalances the smallness of the pecuniary consideration.

651. Could you give any idea of the number of accident cases treated in your hospital in a day?—There is a surgical dispensary in the morning, and there is an average of about twenty-seven cases; and there are about twenty cases treated every morning carrying on from accidents from the previous week. Of course it is very hard to estimate these things off hand.

652. You get a number of cases from the Union, don't you?—Yes.

653. Could you give any notion of the proportion they have to the ordinary city cases?—I can—taking Ireland and England. We had four cases from England, so that the reputation of the Richmond extends as far as the sister isle. Our country cases represent about nineteen per cent. of the entire.

654. And from the county Dublin have you many?—Yes, not including the suburbs of Dublin the number of cases treated from the county, taking in Kewstown, Monkstown, and merely around the district is represented by 8 per cent. That also takes in the patients from Caber, Artane, and Lord Meath's Industrial School who have been always treated in the Richmond free of charge.

655. Mr. KENNEDY.—And very well treated too, I understand?—I hope so.

656. The CHAIRMAN.—I suppose the cases you receive from the country districts are more complicated?—Yes, they are generally more complicated cases requiring operation and skilled attention after the operation is performed; and a great many of these patients come of their own will to the Richmond Hospital. It has a great reputation, in country districts more especially, for the treatment of cancers and such like growths. I myself know of two patients who walked one from the county Mayo and the other from the county Clare to have a cancer of the hip removed.

657. So that the Richmond Hospital cannot be regarded as a purely Dublin institution?—Oh, no. Any urgent case is taken from anywhere whatever.

658. And one of the reasons the House of Industry gets the grant is because it is a National Institution? I understand so.

659. Supposing a person in the country wishes to come to your hospital, how does he get about it?—Well, sometimes they write to the Resident Surgeon asking can they be admitted. At other times they get their friends to write to one of the visiting physicians or surgeons, or else they come of their own will and are admitted. As regards the workhouse patients the Clerk of the Union writes to the Secretary or to myself respecting the admission of the particular patient, and there is an admission order sent—the patient comes up and is admitted.

660. And there is a record kept in the books of the hospital of those patients, of course?—Yes; Mr. Hughes would be able to give you the exact number of Union patients admitted in the year, but I don't think they represent in the Richmond more than ten or twelve out of the gross total.

661. Do you know of patients being charged to the Unions from which they have been sent?—Yes; I think it is the custom to charge Unions for the patients sent up in that way. They pay 2s. a day. That is the sum allowed, I believe, under the Poor Law Act.

662. And these Union cases, I suppose, are generally of a nature that it would be extremely difficult to provide for in a provincial hospital?—Yes. There was one point about the meeting which I might mention. I overlooked it at the time. It is as regards

the salary of the nurses. They get but £13 a year. In my opinion that is only a wage suitable for a capable housemaid. A nurse to look after her business properly should get £20 a year, at least. It is a monstrous thing to ask a woman to look after twenty-four or thirty patients, and only give her £13 a year for it; and the nurses require attention as regards this point, I think.

663. The nurses are neglected very much by the resident pupils, are they not?—Yes, I mentioned that, or the Resident Surgeon as the case may be.

664. As to the question of comparative mortality in hospitals. There are very few primary amputations in the Richmond Hospital, I believe?—Not very many.

665. As compared with secondary amputations?—Yes, we have those more frequently. We have, however, cases of primary amputations arising from railway accidents. We had one the other night. I should say they average five or six in the year.

666. And that would also explain this difference in the rate of mortality?—Yes; if the cases of primary amputations were more numerous in one hospital than in another the death-rate would be higher, no doubt.

667. Mr. HOLLAND.—Now, do I understand you to say that there are a greater number of secondary amputations than primary in the Richmond?—Oh, yes.

668. And that secondary amputations are less dangerous?—Certainly.

669. Therefore, that preponderance of secondary amputations would account for the favourable death-rate in the Richmond, as compared with the hospitals referred to by Dr. Stokes in his address?—I don't know; that would depend altogether upon the proportion of primary amputations in those hospitals.

670. The CHAIRMAN.—What is your opinion as regards the dietary of the patients?—I think it is fairly good. There has been a great improvement within the past twelve months. They get meat every day now, whereas formerly they only got it five days in the week. I think the dietary is fairly good, and no complaints are ever made to me about it. Of course, I have had occasion now and again to call attention to the fact that a certain special diet was not up to the mark and have sent it down again, but that very seldom occurs—very rarely, indeed.

671. Who sees that the patients are properly looked after?—The Matron and myself have a good deal to say to the nursing and looking after the patients. But Mrs. Byrne, the Matron, attends the hospital at least twice a day, and is very careful in looking after the patients.

672. But still, notwithstanding all you can do, the patients must be very much in the power of the nurses?—Yes, they have full charge of the patients—ministering to them, giving them their diet, and so on.

673. And they require constant supervision?—The patients do.

674. No, the nurses?—That depends upon the nurses, I think. We have not a lady superintendent, but Mrs. Byrne goes round two or three times each day; then I am in the hospital, and there are the resident pupils as well, so that one way or another the nurses get a fair amount of looking after.

675. Still it would be possible for a nurse to be very attentive just when you or the resident pupils were passing, and then become inattentive?—She might when the pupils were there, but not when I am there.

676. But I mean when you are not there?—I admit, of course, that a nurse might very easily appear to be more interested in her patients than she really was.

677. Still you know as well the character of all the nurses that you can offer an opinion as to whether that is likely to occur?—Well, I think the nurses in the Richmond do their work fairly well—that there is no scheming about it, and that they look after their



patients honestly and well. That is my honest conviction—at present, at all events.

677. How are the night nurses appointed?—I think they are selected by the Matron, recommended to the Board of Governors, and appointed by the Board.

678. It has been stated here to-day that the more inefficient nurses are chosen for night nurses?—Yes, that is correct.

679. And don't you think that is exceedingly reprehensible?—Yes. I think the night nurses—in my opinion, at least—should be as experienced as the day nurses, perhaps even more so.

680. And more trustworthy?—Yes, because they have more responsibility at night.

681. And less supervision?—Yes—and less supervision.

682. Mr. ARMISTEAD.—In your opinion, are the duties of the matron in cases of what a properly qualified person should have to discharge?—I think she has a good deal of work to do in looking after three hospitals. Still, I believe she is quite capable of doing it.

683. The separation of the hospitals, I presume, makes the duties of the office more difficult to discharge?—Yes, I think so.

684. In relation to what you told us as to the complaints about diet, was it not the duty of the matron to look after these matters?—I presume they came to her knowledge?—With reference to the patients?—

685. Yes?—Oh, whenever there were complaints made about diet I drew the attention of Mrs. Byrne to the matter, and it was rectified at once. But these complaints were few and far between. In my opinion, the patients are quite satisfied with their dietary now.

686. Those complaints were never brought before the governors?—Not in my time—I do not think there were any serious complaints made in my time.

687. Are there any matters extra—those relating to nursing and dietary—as to which you could suggest improvement in the hospital?—Well, I have a good deal of experience in the three hospitals—I was resident pupil in the Hardwicke and Whitworth for six months, and I was also resident pupil in the Richmond for six months. Anything besides nursing and dietary you ask?—

688. Yes?—Well, the great change would be particularly with reference to nursing. But I think there ought to be a resident medical officer in the Hardwicke and Whitworth Hospitals, because it is frequently left in charge of only unqualified resident pupils, and I think, in the present state of medical education, there ought to be a responsible medical officer in charge of the Whitworth and Hardwicke Hospital. I think that is a very important matter. In all the London hospitals there are resident medical officers, and in all the Dublin hospitals, too, I think, with, perhaps, the exception of the Adelaide.

689. Sir RICHARD MARTIN.—With regard to the instruction of nurses, what would you think the best way of accomplishing that?—Well, I think it is customary in the hospitals where nurses are taught to have a person specially devoted for the purpose—such as a Lady Superintendent, who is herself a trained nurse, and the resident surgeon might give occasional lectures; but in the London hospitals the Lady Superintendent generally looks after the teaching of nurses.

690. Have you any nurses in the House of Industry Hospitals competent to teach others their duties?—No. It would require a very well trained person to teach nurses, and a person having some experience too.

691. Mr. KENNEDY.—Would you just let me understand if I took your reply correctly—you think that the class of persons who are brought forward in these hospitals to become nurses are not of the rank or status of nurses—do you attribute that to the small salary paid, or what?—I do not think I was asked that question—as regards the class of people made nurses.

692. No, I believe it was one of your colleagues—

allow me, then, to ask you this—where do you derive the supply of nurses from, as a rule?—Well, the post of nurse, when vacant, is advertised, and candidates come forward; then the matron selects the four or five that she thinks best, and their testimonials are submitted to the Board of Governors, who make the appointments. That, I think, refers more particularly to the day nurses, and the night nurses, as a general rule, have been promoted from wardmaids. I do not say that all of them are, but that is the case as a general rule.

693. But, as a matter of fact, these wardmaids have been previously selected from the North Union?—I cannot answer that—I do not know where they come from, except by current report. Some of the wardmaids have probably come from the North Union, but it does not follow that they were promoted to be night nurses. I know that there was a wardmaid in the Richmond promoted to be a day nurse, and she gave every satisfaction as a day nurse. I found her most intelligent and very anxious, but she was not a thoroughly qualified nurse.

694. Just bear in mind what I say—suppose that a system of proper education were suggested, and that the large hospitals of Dublin would be enabled to train the nurses, don't you think that it would tend greatly to the better care of the sick in these institutions—if, for instance, the system were adopted in Dublin that has been so successful in London?—Certainly, and I think the Richmond has peculiar facilities for training nurses, and that if instruction was given in nursing we could train them as well there as in London. But I don't think there is any attempt at training wardmaids at all at present—the only attempt at training in nursing is anything I might do myself voluntarily. When dressing cases and so forth I tell the nurses anything I think may be useful for them to know, and show them how to do various little things, although that forms no part of my duty.

695. Mr. HARRIS.—Would not the inefficiency of the night nurses come, as a matter of course, under the notice of the Resident Pupil or the Resident Surgeon, as the case might be?—Yes.

696. As a matter of course?—Yes.

697. And would he not deem it his duty to inform the Board of Governors of such inefficiency?—He would complain to the matron of any neglect or inefficiency.

698. But if he had reason to believe that the matron did not inform the Board would he not then deem it his duty to do so?—Yes.

699. And if the Board has not been made aware of the inefficiency of the night nurses would you not say that the Resident Surgeon or Resident Pupil was to blame?—But I am aware that the matter was before the Board and fully discussed—Mr. Mullin, who is here, will bear me out in that I think. I knew that the Surgeons made a report as regards the night nursing—that it was insufficient and not of the proper character, and in view of that it would be rather invidious of the Resident Surgeon to keep on reporting a matter that the staff had already brought under the cognizance of the Governors.

700. But your opinion is that this inefficiency continues notwithstanding that it was brought under the notice of the Board by the Surgeon?—Up to a fortnight ago there was only one night nurse in the Richmond, and I don't think that she was a properly qualified person to take charge of the wards of a surgical hospital by night. She is still on duty, and that is my opinion—she is only a promoted wardmaid. But there is another nurse with her now, so that there is an improvement to that extent.

701. Mr. HUTTON.—You say that the wages of the nurses is £13 a year?—Yes, but in the fever hospital they got £16 I understand.

702. The CHAIRMAN.—So that really if this Commission had not been appointed no notice would have been taken of the complaints by the staff as regards the night nursing—things remained as they were

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until a fortnight ago you say?—Well, I would not say that, sir. I think the Board of Governors had the surgeons' recommendations looked into. I understand that the Governors have taken up the system of nursing, and I know that they are appointing better nurses of late.

703. In answer to Mr. Holmes you said the surgeons some time ago sent in a report complaining of the nursing—when was that?—It was about the time I was appointed Resident Surgeon—in March or April, 1884, I think.

704. So that for very nearly two years the board has practically taken no notice of it?—Yes, I think that is substantially correct.

705. I suppose you have read the evidence given before this Commission so far as it has been reported?—Yes—in the morning papers.

706. I don't know whether you see the gentleman referred to, but Mr. Hughes spoke of a Resident Surgeon who had made it rather hot—do you his own expression—for a nurse?—That was corrected in the public Press. He did not refer to me, although his evidence as reported would lead one to infer that he did.

707. So that the Resident Surgeon who made it "rather hot" for a nurse because of inefficiency, or possibly something worse, with the result that the woman was merely transferred to another part of the institution, was not you?—No, sir. I must say that any complaint that I had occasion to make was always properly attended to by the matron. I have a table here—handed to me by the Registrar—of the expenditure for special attendants employed in the hospital from the 1st of April.

708. Mr. HURMES.—But where are the special attendants got from?—Oh, that is the point. The special attendants are got from the city of Dublin. They are generally pensioners, or women who are capable of taking charge of patients. That is just the point—they don't belong to our own institution. Therefore I don't believe in special attendants, because we have no control over them.

709. And who are they—how are they employed?—Well, the male special attendants are chiefly pensioners. There are pensioners in Dublin who live by serving as special attendants, and some of them are respectable men, but others are not. However, we have no control over them, so I say, and that is the weak point in the system.

710. The CHAIRMAN.—I find from the return you have just handed in that there was £189 12s. paid for special attendants.—Yes, but that is for three years, I am informed. Still, that would pay for three additional night nurses. I think they only get £11 a year each.

711. Then there is a difference in salary between the night and the day nurses?—I think so, but Mr. Hughes will tell you that. I understand the night nurses get £11 and the day nurses £13 a year.

712. Mr. ARMSPOUR.—The special attendants get their food, don't they?—They get no food. They are only taken on for the night, and paid.

713. The CHAIRMAN.—I asked you a question just now as to how long it is since the surgeons sent in

their report as to their dissatisfaction with the nursing of the hospital?—Well, I think it is about two years ago.

714. And what is the salary of the night nurses, do you say?—£11 in the Richmond and Whitworth and £13 in the Hardwick.

715. Therefore the night nurses get less salary than the day nurses?—Yes.

716. Less paid and less efficient?—Yes. On one or two occasions I complained personally to the matron that I considered such and such a person was not a sufficiently educated nurse to take charge of the hospital during the night, and Mrs. Byrne sent down somebody else. But there was no written complaint. My recommendation was attended to at once.

717. Does the matron always attend to your recommendations?—Yes, any report I ever made she gave it her immediate attention.

718. How long has she been in the hospital?—I think for about fifteen years.

719. Do you wish to make any further observations?—No; nothing occurs to me to add. The only thing I wanted to draw attention to was the salaries of the nurses. I observed that a great deal of blame was sought to be cast on the nursing system; but if you don't pay for proper nurses you cannot have them; and really it is the people who appoint under-paid and inefficient nurses who are to blame. You cannot get a properly qualified nurse—an experienced nurse—for £13 a year, and when we do get a good one she remains a very short time with us.

720. Where do they go to?—To other situations. A good nurse can very easily get much better wages than are offered in the House of Industry Hospitals.

721. Mr. HOLMES.—I suppose you would say that if any distinction is to be made at all the night nurse should get a higher salary, she having the more responsible position?—That is my opinion most decidedly. She should at all events get as much as the day nurses.

722. Mr. KENNEDY.—Has it come within your experience at all that at night a nurse has failed in her duty altogether?—When I found a nurse blind drunk in the middle of the night I think that was a failure.

723. And when there is an event like that is there another nurse ready to be brought in?—Yes. Under these circumstances one of the day nurses is called in and put on duty.

724. I understood you to reply to my question that if you were uncontrolled you would be able, with the officers that the three hospitals afford, to produce such a staff of trained nurses as would compare favorably with those turned out from the London hospitals?—Yes; but not gratis. We should be paid for that, I think. If there is any further information that you want I will be only too happy to give it to the Commission at any time. I might call attention to the fact that the special attendants are always employed to mind any serious case—when it requires a person to sit by the bedside of a patient all night. They only have charge of the sick case, and in the event of harm or danger I am sent for at once.

Mr. James  
Downham.

Mr. James Downham re-called and examined by the CHAIRMAN.

725. You wish to make an explanation, I understand?—Yes; I desire to state that as resident pupil it is no part of my duty to examine the diet of the nurses, or see what state their food may be in; but I have attended nurses on several occasions when ill, in their own apartments, and on those occasions I was struck and rather surprised at the want of any means

of cooking. I remember observing that there was a want of civilisation about the whole thing; but it would not have come under my observation if I had not been called to attend the nurses in illness.

726. So that otherwise it might have escaped your notice?—Yes.

William Walsh examined by the CHAIRMAN.

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Witness  
Walsh.

727. You are a Constable in the Dublin Metropolitan Police?—Yes, sir.

728. And still in the force?—Yes, sir.

729. You have been a patient in the House of Industry Hospitals?—Yes, I was in the Whitworth Hospital.

730. And were you satisfied with the treatment you received there from the nurses?—I was not, sir.

731. What had you to complain of?—I had to complain that several times at night I called for a drink and that I could not get it. There was one nurse there had charge of, I think, eight wards at night.

732. And why did you not complain—was it because you thought that the nurses would make it still more uncomfortable for you if you did?—No, sir; I think she was doing her best.

733. Then it was not with the individual nurse that you had cause to complain, but with the fact that she had too much to do to attend to you?—That is so, sir.

734. Was the food that you got good?—I used the food there only once or twice; I could not use it; I paid for my own food while in the place.

735. You could not eat the food supplied to you by the hospital?—No, sir.

736. And you paid for your own food while there?—Yes.

737. So that you bought your own food?—Yes.

738. How did you manage to get it—who bought it for you?—I gave the money to Nurse Cochrane that was there at the time.

739. And she brought you food which she said she had purchased?—Yes, she brought me anything I asked for.

740. Have you any reason to suppose that it was her own food that the nurse was giving you?—No, I had not. She generally used to show it to me when she brought it—meat or anything she brought in. She had potatoes there of her own, and used to supply me with some of them.

741. But you found the food so bad that you had to buy your own?—Yes, I could not eat the meat at all.

742. How long were you in the hospital?—I was there for six weeks and three days.

743. Who sent you there?—Dr. Noddy.

744. And Dr. Noddy is surgeon to the force?—Yes.

745. What was the matter with you—were you very ill?—It was a noise in my head that I went in complaining of, and I have never been well of it yet. I came out of the hospital not cured.

746. Mr. AMSTERDAM.—Did you hear any of the other patients complain of the insufficiency of attendance of the nurses at night?—No; and I made no complaint to anybody with regard to the nurses at night. I think they did their best.

747. Mr. KENNEDY.—You appear to be a strong man—to have perfect use of your body and limbs at all events?—I have, sir.

748. And it was so while you were in hospital—you suffered from nothing but the noise in your head?—Nothing.

749. Is it a fact they would not leave you a drink beside your bed?—No, it is not the fact.

750. The CHAIRMAN.—Did they leave you a drink by your bed side?—Sometimes it was left, sir, and sometimes not.

751. Mr. KENNEDY.—And before the nurse went away, if you found that you were without a drink beside your bed, why not ask for it?—I did ask for it and was refused a couple of times—told that I was not allowed any more milk.

752. Certainly not more than your dietary scale provided, and you could not blame the nurses for not supplying any article that was not allowed by the dietary?—But what I wondered at was that some nights I was supplied with it and others not.

753. Didn't you know what you were to get?—I did not look after that. But I knew that I was to get a pint of milk a day.

754. And did you get it?—I did.

755. And you used it sometimes before evening?—Yes.

756. Then when you knew that you were not allowed more than that within the twenty-four hours, why didn't you ask the nurse to leave you a drink of water beside the bed?—I did not ask her.

757. Then you absolve her from all blame?—Well, I made no complaint about her, because she always tried to do her best.

758. But was it not your own fault to a great extent?—I am sure it was. If I asked for it, I would get it, I suppose.

759. Mr. HUGHES.—Were you able to eat hearty meals when at the hospital—meat and potatoes every day?—I was.

760. And with the exception of noises in your head there was nothing the matter with you?—Nothing.

761. While there did you contribute anything towards the expense of the hospital?—I don't know about the stoppage from my pay, but I paid 10s. a week to the nurse to supply me with food.

762. When a policeman is off duty through sickness certain deductions are made from his pay, on you tell me whether any portion is paid over to the hospital?—I could not say, sir.

763. Mr. KENNEDY.—The last witness will tell us. Dr. Kennedy, are the police supported free in your hospital?

Dr. PRIOR KENNEDY.—They are in considerable numbers.

764. Mr. KENNEDY (to Walsh).—When you went into the Whitworth your pay was continued to you, was it not?—There was a shilling a day stopped from me—that was all.

765. If they stopped a shilling a day, your pay was not continued?—My pay was continued all but a shilling a day.

766. That is 7s. a week was stopped from you?—Yes.

767. Who stopped that—the authorities?—Yes, the pay-clerk. It is the regulation.

768. And do you hope to get any portion of it?—Never, sir.

769. What became, then, of that 7s. a week?—I do not know.

770. Is it because you were on sick leave that the pay was stopped, or is it because it was required as a contribution towards the support of the hospital that you were sent to?—It is because I was on sick leave.

771. Your pay was diminished while sick?—Yes.

772. And then from the residue of your pay you spent 10s. a week on your dietary?—Yes.

773. And what did you do with the food that came to you daily from the Matron?—I used to give it to some other patient that was in the ward with me.

774. Is it the fact that you are so fastidious that you could not use the dietary, and that other patients did, and were glad to get yours as well?—Well, I used the milk and the eggs I got.

775. But not the meat?—No, I could not eat it.

776. Nor the bread?—No.

777. Was there any butter?—No, sir.

778. And why did you give away the meat—did you get any consideration for it now?—I gave it to the patients who were near me.

779. But did you get any consideration for it?—No.

780. Or did the nurse get any?—I don't know as to that.

781. But you did not?—No.

782. Mr. AMSTERDAM.—What objection had you to the bread?—Well, I told the nurse to get me bread, and she brought it to me. I thought she brought it specially, but perhaps it was the hospital bread.

Mr. BENJAMIN KILLICK.—Would you allow me, Mr. CHAIRMAN, to say a few words in this man's presence?

783. The CHAIRMAN.—Yes?—It has been stated in

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William  
Walsh.

the course of the evidence that there was a failure in the dieting of the nurses—that (document produced and handed in) is, the scale of food that the nurses get daily. The quality of the food given to the nurses and patients is identical—it passes under my observation every morning, and I divide the responsibility with no one. The meat is supplied by a highly respectable butcher named Hodgson, and it is of the best quality. I accept all the consequences if the contrary can be shown.

784. The CHAIRMAN.—It is good meat, you say!—Most assuredly—meat of the best quality. The same observation applies with regard to the bread—it is supplied by a Mr. Dornes, and is really first-class—I use it myself, and am a tolerably good judge, I think. The milk is bottled daily, and a sample kept by. I will accept, as I have said, all the consequences, if the reverse of any of these statements is found to be the fact.

785. Dr. *Prior Kennedy*.—I could give the Commission some corroboration of that. In my opinion, the bread is splendid—I eat it myself, the milk is very good, and the meat fairly good. I quite agree with what Mr. Mullen has said—there is no question about it.

786. The CHAIRMAN.—Dr. Kennedy, you heard the evidence of the policeman—Walsh?—Yes, sir.

787. Do you think there was much the matter with him when in hospital?—Well, he was not in my charge—he was in the Whitworth.

788. But do you think there was?—I could not tell you that, sir—he was not under my care.

789. Mr. James F. Hughes.—Might I be allowed to say a word or two in reference to some of the charges made by Walsh? I was at the Board meeting when the case to which he refers was investigated.

790. Then just state what occurred?—I have a very distinct recollection of this man (Walsh) making a complaint and coming before the Board. He wrote a

letter to me, which I brought before the governors. There was a large attendance, the matter was fully inquired into, and it was found, from the man's own testimony, that he required his food to be cooked, not in the manner adopted in the kitchen, but in some peculiar way of his own. He did not find fault with the quality of the food supplied to him, but with the way it was cooked—it did not suit his fastidious taste, and he induced the nurse, in breach of rules, to cook for him in her own room.

791. Food which must, presumably, have been obtained from outside?—Yes—he induced the nurse to purchase it for him.

792. Is it not against the rules of the hospital for a patient to get provisions from outside?—It is, sir. I stated on a former day that such a thing is not allowed. The resident surgeon or resident pupils may allow such things as butter or jellies to be brought in—delicious, but nothing more. This man further stated that he went into the nurse's room on one occasion to get another man's milk warmed—the nurse and he did not get on very well together in the latter part of their time, and she refused to warm it. There was a kettle on the fire at the time, and she would not take it off. He accordingly brought the milk back to the other patient, who refused to take it, whereupon this man (Walsh) drank it himself. The nurse who cooked for him and so forth was brought before the Board, and was instantly dismissed for breach of rules.

Constable Walsh.—I sent no complaint to the Board at all. Mr. Barker knows my case.

Mr. Hughes.—You did—I remember your case well.

Mr. Wm. Barker.—No, Mr. Hughes refers to another man altogether, I think.

The CHAIRMAN.—You have been confusing cases altogether, Mr. Hughes—this man's and that of a man who we heard. We will proceed with other evidence, please.

Dr. A. H.  
Jacob.

Dr. A. H. Jacob examined by the CHAIRMAN.

793. Dr. Jacob, you are Ophthalmic Surgeon to the Richmond Hospital?—Yes.

794. And in the College of Surgeons?—I am Professor of Ophthalmic and Aural Surgery.

795. Do you think that an hospital in the position of the Richmond is a necessity for the city of Dublin?—

Mr. HOSKINS.—Sir Rowland means as to locality I think—

796. The CHAIRMAN.—Yes, as to locality; do you think the Richmond is a necessary institution for that part of Dublin?—I think the Richmond serves a district very inefficiently supplied as present with hospital relief, but being situated on the circumference of the district and not in the centre it is inconveniently placed for that purpose. The district which it serves is the most extensive, the most densely populated, and the poorest in the city of Dublin, and therefore most demanding hospital relief.

797. What is the population that it serves?—Well, the district which I speak of is the West Dublin District, and includes in my calculation 58,330 persons; nearly 60,000 or about one-fourth of the population of Dublin.

798. And you do not think that the House of Industry Hospitals are inconveniently situated for that district?—No. I think they are most inconveniently situated by reason of their marginal situation. Instead of being centred they are on the margins of the district.

799. I see that the area served by the House of Industry and Steevens' Hospitals is stated to be about 502 acres?—Yes. I have got a diagram which I think will give the Commission a better idea of what I mean. I produce an Ordinance Map of Dublin on which I have coloured the Registration Districts of which the populations are given in the Registrar-General's returns. Certain of these districts (Nos 1

and 3 North City, and No. 1 South City), are to a great extent suburban, and calculations founded upon their populations would be misleading for which reasons I have defined the city, for hospital relief purposes, by a circle of 1½ miles radius from the Metal Bridge as a centre. This circle, the Commission will observe, takes in not only all the Dublin hospitals but all the really populous parts of the city. To illustrate more simply the situation of the hospitals, I have made this outline on an enlarged scale. The Commission will observe that while the central, the east, and the south-east of the city are amply supplied with hospitals, both general and special, there is a very large district, which for convenience I will call the West Dublin District, which is not supplied at all except by the House of Industry and Steevens' Hospitals placed at its extreme margin. This district comprises an area extending over about a square mile, represented by a mile as the crew dies, from Jervis-street Hospital to Steevens', and nearly a mile from the House of Industry to the Adelaide, such district being almost altogether dependent upon the House of Industry and Steevens'. This district chiefly is included within the Arzen-quay, Lane-quay, Wood-quay, and Usher-quay Wards of the city, and within the following Registration Districts:—No. 2 and 3 North City, and No. 18 South City. Besides being extremely large this is also a district in which accident cases from the manufactories, distilleries, breweries, and warehouses are numerous, the inconvenience is the more felt as patients require to be carried a considerable distance to these marginal situations.

800. The district that you are referring to is called the West Dublin District, I understand?—Well, not by any authority, but I call it by that name as the most appropriate I can suggest.

801. And you say the West Dublin District is

the most densely populated in Dublin?—Yes, sir, it is the most densely inhabited part of Dublin; it has a population of 147 persons per acre and 12·18 persons per house.

802. How have you arrived at those figures?—I have set forth in this table (following table sub-

mitted)—the population and number of inhabited houses in each registration district from the Registrar-General's returns, and—as the areas of those districts were not known—I have caused them to be calculated by an engineer:—

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Dr. A. H. Jacob.

DUBLIN REGISTRATION DISTRICTS.

	Population, 1851.	Inhabited Houses.	Per House.	Acres Area.	Persons per Acre.
North City, No. 1, East.	1,184	1,676	1·34	5,004·54	26·8
" No. 2, West.	16,746	2,048	8·11		
" No. 3.	33,320	2,220	15·02	220·57	51·94
" No. 4.	27,470	2,416	11·35	240·15	47·5
Total, North City.	118,720	12,760	9·28	2,465	45·25
South City, No. 1.	35,121	2,608	13·46	139·25	9·3
" No. 2.	24,225	1,715	14·15	144·73	10·5
" No. 3.	46,254	2,462	18·78	244·62	100·2
" No. 4.	35,211	2,177	16·18	217·98	69·5
Total, South City.	140,811	12,962	10·85	1,546	69·55

As I have said, Districts 1 and 3, North City, and 1, South City, are largely suburban, and therefore I have been obliged to calculate the average population of the portion which comes within the hospital circle, upon the population of the districts immediately adjoining—i.e., Nos. 2, North City, and 2, South City. With reference to certain of these percentages, I should explain in the outset: No. 1 in the district in which Steevens' lies, and it extends far out into Kilmainham, where there are no houses. Therefore, the average population of it would appear very small. The same remark applies in the case of the Mater Misericordie, which serves a district including a large portion of the north side. But look to the house population, and you will see that in 2 and 3 North and 1 and 2 South the averages are 11·53, 11·76, 11·24, and 12·35—these being the districts included in West Dublin. The average of these figures is, what I have already stated, 12·18 persons per house.

803. Upon this calculation, what is the density of population per acre of the West Dublin District, can you tell me?—Yes; the density of population per acre is 147 persons.

804. And per house?—Per house it is 12·18 persons.

805. How does this density of population compare with other hospital districts?—No. 3, South City Division, for instance, no part of which can be said to be suburban, and which includes the localities about the Convent, Golden-lane, and Stephen-street, is not nearly so densely populated as the West Dublin Dis-

trict, having a house population of 10·12, and an average population of 102·2, and yet it possesses three medico-surgical hospitals. Again, the No. 4, South City Division, which extends from William-street eastwards to the Canal and to Sir John Rogerson's-quay, has three general hospitals and four special ones for a population of 35,271, with only 25·6 persons per acre—in other words, it is about half as densely inhabited and about twice as well supplied with hospital aid as the West Dublin District. The North City District, No. 1, in which the Mater Misericordie Hospital is situated, and which extends from the Mountjoy Prison along the Royal Canal to the North Wall, and includes the closely inhabited district about Mecklenburgh-street and Marlborough-street, is still less populous, for it contains only 52·3 persons per acre and 7·54 persons per house. In fact, the only district in Dublin comparable to the West Dublin District in density of population is that comprised in No. 2, North City, and No. 2, South City Divisions, extending from Dorset-street across the Liffey to the Castle. The population of these combined Divisions is the same as that of the West Dublin District—i.e., 147 persons per acre and 12·18 persons per house. It is, however, served by three hospitals—i.e., Jervis-street on the north, and Mercer's and the Adelaide on the south, while the West Dublin District has no central hospital, and is served only by the House of Industry and Steevens', with some little help from the Adelaide. The following brief table explains these facts:—

	House Population.	Average Population.
West Dublin (House of Industry, Steevens', and partly Adelaide)	22·11	147·0
No. 2 North, and No. 2 South (Mercer-street, Mercer's, and Adelaide)	22·12	147·0
No. 1 South (Adelaide, Mercer's, South, Vincent's, and National Children)	20·12	102·2
No. 4 South (St. Vincent's, City of Dublin, St. P. David, and No. 1 North (Mater Misericordie and Dorset-street).	5·00	52·3
	7·54	

With reference to the district served by the Mater Misericordie and partly by Jervis-street Hospitals, I ought to explain that,—the house population of that appears here as only 7·54—that would seem a very small population; but that is an under-estimate, from the fact that a large portion of this (pointing to map) is doleland on which there are very few houses, so that 7·54 does not at all represent the house population of that district actually served by those hospitals—I should say that nine or ten persons per house would be a more proper representation of it.

806. And I suppose in the case of a dense population, over twelve persons per house, it is probably also the poorest as well as the most densely inhabited part of Dublin?—Yes, etc. It is reasonable to suppose

that the most densely inhabited districts are also the poorest, and that, therefore, West Dublin is the locality which is least capable of providing hospital accommodation at its own cost. I consider that if the Government grant to the House of Industry Hospitals were withdrawn, or largely reduced, it would be quite impossible, even by the most energetic canvassing, to obtain from the districts which they serve the necessary voluntary subscription for their maintenance. To illustrate this fact I take the house valuation of the various city wards which most nearly coincide with the registration divisions—upon which I have calculated density of population. The West Dublin district is included, as I have said, within the Arna-quay, Lane-quay, Usher's-quay, Merchant's-quay, and

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Wood-quay Wards. The valuations of these wards are as follows:—

	Valuation	Number of Houses	Valuation per House
Green-quay	25,250	2,652	15 4 0
Irish quay	24,100	2,460	14 0 0
Deane's quay	23,712	1,510	15 17 0
Merchant-quay	20,422	2,591	13 5 0
Wood quay	20,574	2,615	16 11 0

The average value of a house in these wards is £13 4s. The Mater Misericordie Hospital serves the Mountjoy, Rotundo, and part of the Irish-quay Wards, of which the average house valuation is £19 2s. Jervis-street Hospital serves the North City, Irish-quay, and part of the Trinity Wards, the average house valuation being £25 13s. The Adelaide, Meath, and Mercer's serve the Royal Exchange, Marston House, Fitzwilliam, and part of Merchant-quay Wards. Average house valuation, £27 17s. The district served by St. Vincent's, St. Patrick Dun's, and partly by Mercer's and the City of Dublin, includes the Trinity, Marston House, South Dock, and part of the Fitzwilliam Wards. Average house valuation, £29 11s. Thus it is apparent that the West Dublin District is utterly incapable of maintaining an hospital without very substantial Government aid. Besides it must not be forgotten that the House of Industry Hospitals do not possess the facilities which other institutions enjoy for obtaining subscriptions outside its own locality. Being entirely insular, it cannot appeal, as the Mater Misericordie, St. Vincent's, Jervis-street, and the Adelaide do, to the special support of religious communities, nor does it possess any landed property, which might enable it to dispose with State aid, such as is enjoyed by St. Vincent's, St. Patrick Dun's, Mercer's, and Jervis-street. If, therefore, the Government subsidy to the hospitals were largely reduced it is evident that their usefulness must be proportionately impaired, and that the large and populous district which they serve must, in a proportionate degree, be left without hospital aid. I desire to show the Commission by these figures that this (West Dublin) is not only densely populated but also poverty-stricken.

807. And also that the hospitals which serve it are inconveniently situated?—Quite so, sir.

808. Would you, under all these circumstances, be in favour of an amalgamation of some of these hospitals, and of providing a large general hospital for that West Dublin district in a more convenient locality?—In the interest of the poor, as well as of medical education, my opinion is that these hospitals ought to be more central. I don't speak of Cork-street, for, being a special fever hospital, there is a certain propriety in its position, but these other hospitals instead of being marginal should be replaced by one about here—in the centre of the West Dublin district—for the benefit of the poor.

809. And as regards medical education, which would you prefer a few large hospitals or a number of small ones?—Well, I am not very much in favour of very large hospitals. I believe that hospitals of medium size supply all the necessary paraphernalia and means of teaching, with the additional advantage of creating active competition, which is one of the most potent agents in benefiting medical education, and which advantage a few large hospitals would not present.

810. But what do you understand by "a very large hospital"?—I speak comparatively with the London hospitals—anything over 300 beds would be a large hospital.

811. And a medium hospital would contain how many beds?—From 100 to 150 beds.

812. And a small one?—And a small one from 50 to 100 beds.

813. Have you got any further remarks to make from the geographical point of view?—I think not, sir—not with reference to the locality question.

814. Owing remarks on the general question?—Well, I was prepared to offer the Commission some evidence about general hospital expenditure in Dublin if they desire to take it.

815. Then would you do so, please?—My idea, sir, is, in speaking favourably of a central hospital for this district, that a considerable saving of outlay might be effected, which saving would mean an expansion of bed power for the benefit of the poor in Dublin. There, therefore, in order to show how far such saving could be effected, I proceeded upon a calculation, based on the figures contained in the report of the Board of Superintendence of Dublin Hospitals, and I have prepared some little tables which I will hand to the members of the Commission. Of course I am dealing solely with the hospitals that receive Government grants. My first table shows the bed cost of these hospitals as follows, from the most expensive to the most economical:—

	Beds supported	Mid-treatment	Recovery treatment	Total Bed Cost
1. Coombe	32.0	18.9	61.7	112.7
2. Cork-street	49.0	20.5	42.2	111.7
3. Steevens	14.4	26	57.1	97.5
4. Rotundo	10.0	16.7	54.5	81.2
5. Meath	72.2	18.1	30.3	120.6
6. House of Industry	10.0	17.0	37.6	64.6
7. Leck	47.7	14.8	21.7	84.2

I have not included the Hospital for Encumbents, which, from its nature, would rather complicate the calculation and introduce a source of error, as there are few actually sick people in that institution. I ask your attention to the fourth column—the total bed cost. You will observe that it varies from £80 6 to £127 5.

816. The last is the Leck Hospital?—Yes. Perhaps it should not be there, but as it is a Government hospital I included it. Omitting it from consideration now, the total bed cost ranges from £80 6s. in the Coombe Hospital down to £47 6s. in the House of Industry. Judged by that standard the Coombe is the highest, Cork-street next, Steevens' next, the Rotundo next, the Meath next, and the House of Industry the same as the Meath. But you observe there is a difference of over 40 per cent. (between £80 and £47) in the bed cost of hospitals without any apparently greater efficiency in the more expensive institutions. Of course, the circumstances of certain hospitals will necessarily entail a slightly larger expenditure than in others; for instance, in Cork-street Fever Hospital the supply of stimulants and eggs, and so forth, to the patients, would increase the cost of the patient who occupies the bed somewhat; and the same observation applies to the Coombe, because there they have to maintain a staff in excess of the actual necessities of the hospital. But I want to show the Commission that, as regards bed maintenance—which is shown in the second column of the above table—that is, as regards the sick man in the bed, and what he eats and drinks, there is not a very great variation between the dear and the cheap hospital. Cork-street, for the reason I pointed out, is a little high—£22; Steevens' is very high—£28, and I am bound to assume that Steevens' feeds its patients exceedingly well. But excepting these two hospitals all the others, for the patient in the bed, range about £17—the Coombe, £18 9s.; the Rotundo, £18 7s.; the Meath, £18 1s.; and the House of Industry, £16 3s.; the average being somewhere about £17. Therefore all the difference between the £80 and £47 of the total bed cost is made up by establishment charges, which you will see by the third column of the table very enormously, being as high as £61 for each bed maintained in the Coombe down to £29 in the Meath, which is lowest. By that means I wish to enforce my proposition that, if an amalgamation occurred, it would be possible to make a very large reduction in establishment charges, that being a weighty portion of the outlay of an hospital. Now,

air, in my second table I set out these establishment charges in the form of percentages, as follow:—

RELATIVE EXPENDITURE OF THE PATIENT AND OF THE ESTABLISHMENT.

	Patient's Maintenance	Establishment	Percentage of Establishment Charge to Total Cost per Bed.
1. Corcoran, . . .	£57	1,400	775
2. House of Industry, . . .	£449	5,512	770
3. Rotunda, . . .	754	1,815	708
4. Lock, . . .	2,722	1,700	708
5. Cork-street, . . .	1,155	2,224	687
6. Meath, . . .	1,490	3,979	640
7. Steevens', . . .	2,751	1,800	603

From the third column you will observe that the establishment charges in the Corcoran absorb over 77 per cent. of the entire income. Of course, the Commission will understand that means that between 15s. and 16s. of every pound goes to establishment, and only 4s. 6d. or thereabouts to the person in the bed. The House of Industry hospitals stand very high in their establishment charges, too—68.5 per cent.; the Rotunda, 66.8; Cork-street, 65.7; the Meath, 64; and Steevens', 60.3. Steevens', you see, feeds its patients exceedingly well, and pays less than any other hospital for establishment charges.

817. Mr. KENNEDY.—That is less than any of the hospitals you have referred to in your table?—Yes. The last table I have puts the final point I wish to impress upon the Commission. I wish to make it plain to the Commission that these excessive establishment charges are excessive chiefly in consequence of the unnecessary number of officials maintained by these expensive hospitals and the high salaries paid to them—that, if hospitals were amalgamated, a large proportion of this expense could be saved, and the power of the hospitals to afford relief to the poor could be proportionately increased.

OFFICIALS' SALARIES AND PATIENTS' MAINTENANCE.

	Patient's Maintenance	Officials' Salaries	To expend at on the Patient's costs for 6 Months.
1. Corcoran, . . .	£57	737	£ 4 4
2. Lock, . . .	2,722	1,110	1 4 9
3. Cork-street, . . .	1,155	1,207	1 2 5
4. House of Industry, . . .	5,449	2,670	1 2 5
5. Rotunda, . . .	754	870	6 18 2
6. Meath, . . .	1,490	1,718	6 11 10
7. Steevens', . . .	2,751	1,242	6 11 4

It is not, I believe, suggested that the management of Steevens' by its officials (which costs only 11s. 8d. in the £1) is at all less efficient than that of the Corcoran, which costs nearly three times as much; or of Cork-street. It is obvious that if—by amalgamation or otherwise—this excessive expenditure could be cut down to the minimum which is compatible with efficient administration a great increase in the bed power of the Dublin hospitals would accrue.

818. Have you any opinion to offer as regards the constitution of the Board?—Of the House of Industry Hospitals?

819. Yes?—No, sir, I have not. My connexion with the Richmond is not long, and I have not been much associated with the management of the institution. Therefore I could not give any reliable information to the Commission on that point.

820. Mr. HERROD.—I want to ask a question, with reference to your remarks about the unsocial positions of these hospitals. Is there not a tendency in large towns, like Dublin now, to keep the hospitals away from the densely occupied districts—to get out as far as possible into the suburbs?—Yes; to get outside the district altogether for the benefit of the patient air, and to get away from the gynn field, so to speak. But that is an actual migration from the district. It does not mean simply getting a hospital in a marginal position of the district, but getting it out into the country altogether.

821. Suppose, now, you moved the House of Industry Hospital to somewhere about Queen-street—that, I think, is near the centre of the district as you pointed it out—would there not be greater danger of infection, in the case of smallpox, say, having regard to the density of the population there?—No, more greater than is implied in carrying smallpox cases across the town from one position to the other. I rather think that the question of locality is of more importance in relation to accident cases than to infection. An accident case requires to be fetched in a tremendous hurry, and every step that the patient takes—every half mile he traverses—is so much the worse for him. He arrives at the hospital in all the worse condition. But that does not apply to a case of infectious disease. Once the fever patient is in a cab or conveyance the fetching him half a mile more or less makes no difference.

822. Mr. HERROD.—Supposing you had carte blanche to frame an hospital system for Dublin, to include only those hospitals which you considered necessary, and which alone should receive aid from public or local funds, which of the existing institutions would you retain, and where would you suggest that a new hospital or new hospitals should be placed?—I know you have given great attention to the subject, and that is the reason I ask you such an elaborate question?—I think, with the exception of the inconvenient supply of the West Dublin district, that taken as a whole the Dublin hospital system is good. You see Jarvis-street is extremely well situated, Mercer's is exceedingly well situated—for the benefit of the poor; the Mater Misericordie is very well situated for the growing district extending beyond it, and will, I don't not, become the centre of a great district very shortly, while at present it supplies down by Mechanburgh-street, Gloucester-street, and those thickly populated places. Then, on the south side, you have the Adelaide, the Meath, Sir Patrick Dun's, St. Vincent's, and the City of Dublin. On the whole, I think, with the one exception of the West Dublin district, the hospitals of Dublin are fairly well placed.

823. And what would you do in that West Dublin district if you had power to act, as I say, carte blanche?—I would place the hospital as nearly as possible in the centre of the district.

824. Then which would you eliminate to make room for the new institution you propose to erect?—The Richmond and Steevens' would then be unnecessary.

825. Could you not attain your object by enlarging Jarvis-street Hospital?—No, it is three quarters of a mile from the centre of the West Dublin district, and a mile and a half from its outside limit. If a man breaks his leg say in Guinness's Brewery, it would be a great hardship to oblige him to go all the way to Jarvis-street.

826. Mr. KENNEDY.—How many yards would your new hospital be from Jarvis-street?—Well, I could not say that, sir, but the map here on the table will show—if you take the centre of the West Dublin district as shown there, I would say the new hospital should be as near that spot as possible.

827. But I think the two institutions would be so close together that the one would neutralise the other?—They would not be so close as that.

828. What street did you point to as your site?—About Bridgefoot-street, say—that is in or about the centre.

829. Mr. ARMISTEAD.—Then, Dr. Jacob, you are rather in favour of dispersing than of consolidating hospital accommodation?—If you build an hospital in the centre of the West Dublin district you would consolidate, because these two—Stevens' and the Richmond—would become unnecessary.

830. But you would rather have seven or eight hospitals, as now, than two large institutions?—I would, certainly. From every point of view, I would far prefer seven or eight hospitals to two and even to three.

831. Mr. KENNEDY.—You are aware, doctor, that there would be no hope of extinguishing Steevens' Hospital?—I am not.

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Dr. A. H. Jacob

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Dr. A. E.  
Jacob.

832. It has a large foundation, which could not be diverted to—I know that questions might arise, but I apprehend these could be solved.

833. No, that hospital should remain in close proximity to your intended new hospital at Bridgewater-street, and Jervis-street would be almost as near. Why, in such a state of things, would you take away the hospital that exists and that is now serving that district, stretching up from the House of Industry towards the Park?—I did not contemplate difficulties that might arise in removing *St. James's* or any other hospital. I spoke in the abstract, and I assume that, if a consolidation of hospitals is needed, means can be found to effect it. I have described that densely populated, poverty-stricken district, with its inconveniently situated hospitals, and I was asked where I thought a new hospital—of one is to be provided—should be placed, and I answered, in the centre of the district to be served.

834. The CHAIRMAN.—The sum of your evidence comes to this, Dr. Jacob—that the West Dublin district is sufficiently supplied with hospitals, but inconveniently situated?—Yes.

835. That that district is the most densely populated of the city?—Yes.

836. And the poorest also?—Yes.

837. Therefore, I presume you are of opinion that it would be impossible to maintain proper hospital accommodation there without some State aid?—I am certain that no amount of energy in begging would maintain an hospital in that district without Government aid.

838. Mr. HOLMES.—But don't you think that there is an alternative to State aid—that the rich and wealthy in Dublin and throughout Ireland might come forward, and aid you?—I think I am correct in stating,

although I have not the figures to lay before the Commission, that a much greater amount of money is voluntarily given in Dublin for medical aid than is given by any city comparable with it in the three Kingdoms. Also, I know that hospitals situated under much better circumstances than the Richmond—hospitals such as Mercer's and Sir Patrick Dun's, have respectable and wealthy districts to work upon, and being still endowed with the money that was left them by their founders, find they can hardly keep their heads above water; and therefore, I take it, that the Richmond which has no wealthy district to work upon and no endowments if deprived of this grant, and no special religious community to support it, will steadily decline, and no amount of energy on the part of its managers would enable it to continue work.

839. Do you know anything of the financial condition of the Royal Infirmary in Edinburgh?—No, I do not.

840. I believe I am stating the fact when I say that a sum of about £35,000 was collected altogether last year from purely voluntary sources in Scotland for the maintenance of that institution, and that almost every county, if indeed not every county, subscribed to it?—Yes, but how many Royal Infirmaries are there in Scotland?

841. But one?—Quite so, and if there was one in Dublin of the same calibre and character as the Royal Infirmary, you could apply to the whole of Ireland to support it also.

842. The CHAIRMAN.—I presume also that there is a good deal more wealth in Scotland for supporting these institutions than there is in Ireland?—Yes, I think there is—a great deal more wealth.

Surgeon William Stokes, F.R.C.S., being in attendance, the CHAIRMAN said—

843. I understand that you wish to make a personal explanation?—Yes, I attend, sir, to make a very brief observation in reference to the evidence given by Mr. Charles E. Martin—one of the lay Governors of the House of Industry Hospitals—in which he introduced my name in connection with certain proposed changes in the nursing system. I think he must have been laboring under a misapprehension as to what I said, when he informed this Commission that I—and my colleagues, Mr. Thomson—were anxious to get Miss Beresford and her Sisters into the Richmond Hospital.

844. As nurses?—Yes. And he then suggested that they were determined that no sectarian system should be introduced there. Now, I merely wish to make this remark—that Miss Beresford means, as far as my recollection serves me, was never introduced in any discussion we had with reference to the improved nursing. I desire to state further, that I am not aware either that she is at the head of any sisterhood, therefore, those alleged stories are, so far as I know, non-existent. So far as being pledged to, or advocat-

ing any one system, on the contrary, I on more than one occasion stated that if the Governors could obtain the services of any Roman Catholic lady, who was competent to superintend and teach nursing the medical staff of the Richmond hospital would be delighted to avail themselves of her services. I merely wish to make that statement—that it never was my wish, or the wish of any of my colleagues that there should be any sectarianism whatever in relation to the improved nursing we wished to see carried out.

845. Do you also express Dr. Thomson's sentiments on that point?—I do. I have confided with Mr. Thomson upon this subject, and now speak for him as well as for myself.

846. Mr. KENNEDY.—You do not seem to be aware that Mr. Martin stated just at the close of his evidence, that he might be wrong, and that he believed he was wrong, in calling those ladies "sisters." I think you are correcting a slip in that gentleman's evidence, which was corrected in the most ample manner by himself in reply to a question that I asked.

Surgeon  
William  
Stokes,  
F.R.C.S.Mr. William  
Thomson  
Stokes,  
M.D., F.R.C.S.

Mr. William Thomson Stokes, F.R.C.S., called and examined by the CHAIRMAN.

847. You are one of the surgeons to the House of Industry Hospitals?—I am.

848. And professor of anatomy in the Royal College of Surgeons?—Yes, sir.

849. Now, are you satisfied with the constitution of the board of the House of Industry Hospitals?—I am not.

850. In what way do you object to it?—Well, in the first place I think the board is too small.

851. You are, perhaps, aware that the last Commission that inquired into the hospitals recommended the constitution of a much larger board?—That is Scotch's Commission.

852. Yes. That Commission recommended a board of at least twenty-one?—I think it would be for the improved working of the hospitals that the board

should be increased in size, and in my opinion the whole of the members of the senate staff should sit upon the board. Having regard to the state of affairs here, and the dissatisfaction which exists in certain quarters about our hospitals, I think there should be a larger Catholic element on the board than there is.

853. You mean a larger Catholic lay element, I presume?—Yes. I agree that the medical members should be in the minority, but you will get no men to work so well or so advantageously on such a board as members of the medical staff who are in the hospitals every day, and a great part of whose life is actually spent in the institution.

854. But as regards the composition of the lay majority of the board, viewing the peculiar position of



this country and the existing state of public opinion, do you think that it would be desirable to take into consideration the question of religious belief?—I do. The question of the religion of the staff has arisen very largely too. I should prefer my opinion on that subject by saying that I think, in the abstract, it is a bad thing—if it could be avoided—to require into what a man's religion is in connection with a scientific appointment: but having regard to the fact that so many of our patients are Catholics, and that the heads of the Catholic Church and the exponents of Catholic opinion wish to have a large number of their religiousists on the staff, and remembering that we are now in a condition of reaction in this country, after a very long period of Protestant ascendancy, I think it would be wise if the condition of the staff were altered in that respect. And the only way to do that is to increase the number of Catholics in the board, leaving to them the responsibility of a selection when a vacancy arises.

855. And do you think that when a vacancy does arise the question of religion should be taken into consideration when selecting from amongst the candidates to fill it?—It is a question that should not appear on the surface of an election, but I think the board would be influenced by public opinion in that matter. And I think it is desirable that they should be so influenced at present.

856. Are you satisfied with the teaching of the pupils in the Richmond Hospital?—I think our teaching is extremely good, but, of course, my opinion on that matter may be more or less prejudiced. However, I think we can justly claim that great success has attended all the branches of our teaching. But there is one thing we have not been able to carry out—the education and training of nurses; and that is now almost as important a matter as teaching men to be doctors. I would like to see some change made in that department, which would permit of a superintendent of nurses being appointed who could carry on training functions in these hospitals.

857. Have you ever observed any attempt at proselytism in the hospital?—Never. I have heard certain stories as to alleged proselytism, but I wish most emphatically to deny the existence of any foundation for them whatsoever. During the twelve years of my connection with the institution I have been as much in the way of bearing of such a thing, if it occurred, as any one, and I never did. I—and I may say the same for all my colleagues—never know anything of the religion of a patient, except when danger is apprehended, and with a view to his or her receiving extreme unction in the event of being a Catholic, the question is asked, so that the clergyman may be sent for.

858. And the clergy are admitted, we have heard, at all hours of the day and night?—I understand so, I have met them in the institution at all hours of the day and night.

859. Do you think the Hardwicke Hospital is necessary?—I think that it is materially necessary to carry out the proper teaching of fever that such a department should be appended to a general hospital. After long experience of students, I think that you would not get them to go—if it is any distance—into a special fever hospital to study fever.

860. The Hardwicke is a special fever hospital, is it not?—Yes; but the students can go rapidly from one building to the other there, and have the opportunity of comparing fever with other subjects, which is important.

861. Then for educational purposes you think it should be maintained?—Yes, that is my very decided opinion.

862. Sir RICHARD MARTIN.—You think that a system might be adopted for the training of nurses in your hospital?—Undoubtedly, sir—if we had a proper superintendent of nursing. At present all that matter is in the hands of the Mission, who is a most excellent officer, but the work of a matron in a hospital now-a-days is quite different from nursing,

and able and zealous as no doubt Mrs. Byrne is, she has not the requisite training for the duty.

863. Has there ever been a proposition to improve the nursing system?—Yes, the Staff have approached the Board more than once on the subject, and it agreed some year or so ago to appoint a head nurse, but the arrangements has never, for some reason or another, been carried out.

864. Do you know the reason why it has not been carried out?—I do not know. That is a matter within the cognisance of the Board itself.

865. But the object of the appointment of a head nurse was to superintend the general nursing of the establishment and for the purposes of education?—No, I regarded it more in the light of a compromise—a compromise between the view of the Medical Staff that there ought to be a special nursing department presided over by a highly educated woman, and the old state of things, the Board not seeing its way to appoint a lady superintendent, as we proposed, agreed to provide this head nurse. But a head nurse would not, in my mind, at all meet the requirements of the case.

866. And where was it proposed to get the lady superintendent from?—Oh, the proposal never reached that length, but speaking for myself, and for my colleagues in the Richmond, I may say that we were quite prepared to take any educated lady that could be got.

867. Mr. KENSLEY.—You never heard Miss Bernadette's name mentioned?—I have heard the lady's name frequently mentioned in Dublin.

868. But in connection with the improved system of nursing suggested for your hospitals?—Not more specially than others.

869. You stated that in your opinion there should be a fever department connected with a general hospital?—Yes, for educational purposes.

870. And that was the opinion of Sir Dominic Corrigan, Dr. Cruise, and the late lamented Dr. Stokes, whom we consulted before placing a fever department on the top of the Meier Miscellaneous Hospital. At present we have four wards in Jervis-street, and I want your opinion as a valued expert—do you apprehend that if we put fever patients—thirty, say—in the upper ward there, and the surgical and medical cases in the under portion of the building, that the hospital would suffer more than has been the case at the Meier—which is absolutely nothing—from fever being in the upper ward?—I am aware that Sir Dominic Corrigan held strongly the opinion I gave expression to—that fever ought to be taught in a general institution; but I have not been in Jervis-street since the hospital was rebuilt, and therefore cannot give you a very definite opinion on the subject. This I would say, however, as a general proposition—there should be entire isolation of staff and communication; no going from one place to the other of nurses or people capable of carrying infection.

871. But that is not so at the Meier, and we experience no inconveniences whatever, although we have the most frightful forms of fever there—Sir Dominic Corrigan, Dr. Cruise, and Dr. Stokes were unanimous in their view, and encouraged us in putting fever at the top of the house?—I need not tell you that everything depends on the character of the building—the facilities for isolation, and as I have not visited Jervis-street, I cannot offer an opinion on the subject.

872. I presume it would be no trouble to you to visit Jervis-street Hospital, and give us your opinion at a subsequent stage of the proceedings if we desire to have it?—Oh, none whatever. I will be only too happy to give you any assistance in my power.

873. Mr. ANASTASIOU.—Have you given any consideration to the subject of capitalizing this grant?—Yes—that question has been thrust on my consideration of late.

874. And are you in favour of capitalizing it, or would you prefer the grant being continued as an annual payment?—I am in favour of the grant being

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Mr. William  
Thames  
Stokes,  
F.R.C.S.

Oct 31, 1885  
Mr W. H. Jones  
Treasury  
Stokes,  
Dublin

capitalized, because looking back at the history of the hospital, we have been kept in a continual state of torment, by Commission after Commission sitting to inquire as to these grants, and it would be better that all uncertainty should be set at rest. And not only for that reason, but we could then go to the public for a measure of support. In the past, the late Sir Dominick Corrigan and others connected with our hospital, always protested against any application to the public for subscriptions on the grounds that it might interfere with our grant, and that we would be jeopardizing a good thing for an uncertainty. If the grant was capitalized, however, there would no longer be any reason of our not appealing to the public except on other hospital grounds.

875. Mr. KENNEDY.—When you say you would like to see the grant capitalized, are you one of those who would be willing to sacrifice its continuance to the city of Dublin for the amount of a few years' purchase handed over to the House of Industry Hospitals?—Oh, no; I would like to see it capitalized for the full thirty-three years' purchase.

876. Mr. HOSKINS.—You must not conclude from the questions put by Mr. Armstrong and Mr. Kennedy that we have arrived at any conclusion on that subject. As a Treasury Officer I think it only right to say that much.

877. Mr. KENNEDY.—But you agree that Dublin, though we capitalize the grant, should not lose a

penney of it?—Yes, and for the same reason that Sir Dominick Corrigan stated on the occasion of a former Commission—that, I don't think we can afford to in a city like Dublin to give up one penny of public money.

878. Mr. HOSKINS.—Did you hear what Dr. Jacob said about the healthy question?—I heard only a portion of Dr. Jacob's evidence.

879. Do you think the position of the Richmond is inconvenient?—Well, that is rather a tricky question for me to answer personally, you know.

880. Would you prefer it more central?—Well, a site intermediate between ours and St. Stephen's would, perhaps, be the most typical position for a West Dublin hospital.

881. Then you agree with what Dr. Jacob said upon that point?—I did not hear what he said, but I know his views, and I agree generally in them. About the constitution of the staff, I wish to guard myself from a misconception, and that is, that, although I am strongly of opinion that the question of religion ought to be considered in the appointment of both Board and staff, I would like to do the present governors the justice of saying that they have not altogether failed in that direction. During my own time, out of the four assistant surgeons who have held office, two were Catholics, and one of them, Dr. Louisaghe—now surgeon to Jarvis-street Hospital—was the man for whom the appointment was created.

Dr. Davis D. Tate

Dr. Davis D. Tate examined by the CHAIRMAN.

882. You are the medical officer of the North Dublin Union?—Yes.

883. And you wish to make some observations to the Commission about the inmates of the workhouses who went to the House of Industry Hospitals?—Yes, I was asked as to the number of our inmates that went to the House of Industry Hospitals as workhouse.

884. Within the last three years?—There is no official record kept of where these women go to, but I had an examination made, and we found that about twenty-three—there may have been two or three more—left to join the service of these hospitals. There are six, I think, engaged in the three hospitals at present (mentions their names).

885. The twenty-three women you refer to were inmates of the union workhouse?—Yes.

886. And those women could have been got by the House of Industry Hospitals cheaper than ordinary

servants?—Yes. Some women leave the workhouse, and we don't exactly know that they are going there—they simply take their discharge and disappear from our books. They don't even like to be recognized in their new employment as former workhouse inmates.

887. Mr. KENNEDY.—Had those persons that were sent into hospital or that went into the hospital been trained as workhouse by you previously?—Those that are at present in the hospitals had very good training previously—one under Dr. Kenny was a first class handy woman, and another has been in the house since childhood, and was regularly trained in Glenside under Dr. Kirkpatrick.

888. But as a rule they have taken them not directly out of the pauper world, but out of the hospital department?—No, they have been servants in the different wards, and did their business very well.

Mr. Benjamin Mallon

Mr. Benjamin Mallon recalled and examined by Mr. KENNEDY.

889. Could you say from memory what is the rent of the House of Industry Hospitals?—£400 per annum, I think you said?—Yes, the rent and tax amount to about £400 a year.

890. Mr. HOSKINS.—And how are they held?—The buildings are vested in the Board of Works.

891. But do you hold under lease or have?—Oh, under lease.

892. A lease for ever?—Yes. To show that my Board are quite alive to the necessity of fitting the messes and servants properly, and having a common kitchen for them if possible, I would hand in a report I made on the subject pursuant to a reference to me, so long ago as December 1867. Perhaps the Commission would allow it to be read.

893. Dr. Hynes read the report as follows:—

"30th December, 1867.—In compliance with the instructions conveyed to me by minute of 29th November, I beg leave to submit in detail what may be viewed as difficulties in carrying out the proposed system whereby a cooked dinner may be provided every day for the servants at a common table in the Whitworth kitchen. (1.) The chief difficulty which presents itself to me is the situation of the apartment in which it is proposed to establish the general dinner for the

servants; the inconvenient distance rendering it likely to produce, particularly in wet or inclement weather, much discomfort amongst the servants of the Hardwicke, Richmond, and Laundry, who may be obliged habitually to attend for their dinner in that apartment. (2.) I am unable to state it as a fact, but prejudice seriously favours the belief that there is more or less danger to be apprehended by associating in each store proximity to messes and workhouse who are in constant attendance on patients who suffer from infectious diseases, with servants whose daily associations do not necessarily bring them into direct communication with such forms of disease. Deficiency of less importance occur to me which to doubtless be readily removed, should the Governors deem it advisable to carry out the proposed plan. I may, however, be permitted to mention three in their order of occurrence. (1st.) Liability of present cook to discharge efficiently the duties which would be required of her. (2nd.) Absentees from visiting hours on Sundays, Wednesdays, and Fridays, as so not to interfere with patients' or servants' dinners. From inquiries I have made at the Richmond District Lunatic Asylum, I have learned that there are two 'servants' halls'—one is the parrot establishment, and the other in the new asylum, in which the servants dine, but in no instance is a single or other servant permitted to leave the building in which he or she is employed to join the 'servants' dinner. At St. Patrick's Hospital a 'servants' dinner' has been lately established, which appears to work admirably and give satisfaction, but I may

observed that in that hospital all the servants who partake of their dinners at the general table made in the same building in which the dinners are cooked. Should the Governors determine upon establishing a "common table" for the servants of these hospitals, it shall be my earnest desire to give full effect to their wishes, and to remove as far as possible difficulties of detail which must necessarily arise on the introduction of a plan which is so different from that which

has so long existed in these and other hospitals in this city."

894. The CHAIRMAN (to witness).—Do you wish to make any observations upon that report?—I do not Sir Richard. I have already supplied the Commission with a table of the dietary of the servants, separating the male from the female class.

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Mr. Benjamin  
Mather.

Mr. James W. Hughes recalled and examined by Mr. KIRKMAN.

Mr. James  
W. Hughes.

895. Mr. Hughes, you heard the statement made by Dr. Stokes, I think—that the payment by the union for patients sent from it to these hospitals was always a voluntary payment?—I did.

896. As a matter of fact, are you not aware that in the district in which the hospital is placed the North Dublin Union has legal power to contract with you, and that, as a matter of fact, they have contracted with you?—I am fully aware of that.

897. And you are aware that Dr. Stokes was present on the occasion when a deputation from the North Dublin Union attended at your Board and heard the statement made that we were to contract with you for the reception and treatment of pauper patients?—Yes. I never regarded it as a voluntary offering, sir.

898. No; you are aware that you convened a special meeting of the Governors to meet that deputation of the chairman and several other Guardians of the North Dublin Union?—Yes.

899. All the members of the Board were summoned to attend that meeting, I understand?—Yes.

900. Mr. Cornwall, Mr. Stokes, Major Grace, Mr. Woodcock—and who else attended?—I have a record of the attendance in my minute-book, but not here.

901. We can have access to your minutes, I presume?—Oh, certainly.

902. Sir RICHARD MARTIN.—Might I ask whether you recollect what was done on the occasion of the surgeon's recommendation as to the employment of a lady superintendent or a trained nursing staff being before the Board?—Well, the board found, sir, that their finances would not allow of their employing a lady superintendent, because it would entail not only a large salary and the providing of specially furnished apartments, but her relations should also be supplied. All that meant a heavy additional expenditure on the institution. The duties of housekeeper had been looked after by Mrs. Byrne, and also the hospital nursing, so far as the recommending of the nurses and their supervision were concerned; and the Governors were satisfied that she had not failed in her duty in

providing good nurses, so far as the salaries offered would induce them to come forward. Then, as a sort of compromise, the surgeons, finding that they could not get at present a lady superintendent, suggested that a trained head nurse should be engaged, and paid a salary superior to what the other nurses had. The matter was very fully discussed, and a special Board was convened to consider details, and a committee, composed partly of Governors and partly of members of the Medical Staff, was appointed to deal further with the matter. These gentlemen met, an advertisement was drawn up, and rules considered for the guidance of the new officer. Then a request was made not to have a head nurse, but, as she was to be called, "a head superintendent of nurses," and some members of the Board objected to that, as an attempt to get in a lady superintendent under another name. However, eventually a printed list of duties was formulated and referred by the committee to the Board, who confirmed it at a subsequent meeting. But for want of funds the project was not carried out then, and I may say that the surgeons did not press for it in the end. When they did not get a lady superintendent they left the matter in abeyance.

903. What was the salary recommended to be paid to the trained nurse?—At first a sum of £25 a year was mentioned, and then again it was said by some of the committee that they could not get a properly qualified teacher of nurses under a salary of £50 a year, so in the end it was pretty well understood that whenever the appointment should be made, and the funds admit of it, that she should get about £50 a year. But there was no resolution fixing the salary.

904. Then was I correct in supposing that it was the Medical Staff that did not press for the appointment of the head nurse?—The Medical Staff did not press it home. I think Mr. Stokes was satisfied for the present to let matters remain as they were, especially as there was a large overdraft due to the bank, of which he had knowledge as a member of the Board.

Mr. James Donnellan recalled and examined by Mr. ARTHURSON.

Mr. James  
Donnellan.

905. Is it a fact, Mr. Donnellan, that the night nurses who attend fever cases, and the night nurses who attend non-fever patients, sleep in the same room?—It is, sir. I have been summoned to attend to some of the night nurses complaining of illness and have found five women sleeping in one room—night nurses from the Hardwicke, Richmond, and Whitworth Hospitals. One of them I discovered was actually suffering from typhoid fever.

906. Mr. HORNUM.—When they went off duty they slept in the one apartment?—Yes, by day.

907. That is to say, nurses who attended fever patients slept in the same room with nurses who attended surgical cases?—Yes, sir.

908. And ordinary medical cases?—Yes.

The Commission adjourned till Monday at half-past 12 o'clock.

JUN. 3, 1885.

MONDAY, 2ND NOVEMBER, 1885.

The Commission met in the Chief Secretary's Office, Dublin Castle.

Present:—Sir ROWLAND BLISSKERNHAMPT, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARBUTHNOT HOLMES, and Mr. RICHARD OWEN ARMISTEAD, J.P.

The Secretary (Dr. MYLES), was in attendance.

The minutes of the previous meeting having been read and confirmed, the examination of witnesses on behalf of Stovecroft Hospital was proceeded with.

Dr. Thomas W. Grisham.

Dr. THOMAS W. GRISHAM examined by the CHAIRMAN:—

908. Dr. Grisham, you are Registrar-General for Ireland and Medical Superintendent of Statistics at the General Register Office?—I am.

910. And you are one of the governors of Stovecroft Hospital?—Yes.

911. Now, how is that governing body appointed?—The governing body is appointed under an Act of Parliament. There are two sets of governors—*ex-officio* governors and elected governors. The governors, as I say, are appointed under an old Act of the 3rd of George III., cap. 23, which named a certain number in the first instance. That Act was passed in consequence of many of the old trustees having died, whereupon it became necessary to incorporate a new body, and its first members were appointed by Act of Parliament—certain *ex-officio* members and certain members who were not public officials. From that time vacancies were filled up, as I find it stated in one of the answers to the queries that were sent in from our hospital—namely, “when a governor retires or dies the Board is summoned, and a governor elected instead.”

912. Both *ex-officio* and elected?—Yes; the whole body is summoned, under the provisions of the Act, to elect a governor when any vacancy occurs. Then for the carrying on of the business of the hospital, there is a managing committee. There is a managing committee, which is appointed by the governors, and which consists of certain of their number that are selected. I may say none of them are *ex-officio* governors—they are always elected governors, and gentlemen resident in the neighbourhood of Dublin, likely to attend the meetings regularly. The committee meets twice every month.

913. You receive a grant from the State of how much?—We receive £1,300 a year at present.

914. Will you state the grounds upon which that grant was originally given?—It is stated here, in replies to queries, as “for the treatment of the worst class of male syphilitic patients;” but if we trace back the history of the grant it was long prior to that event—that is, “the closing of the Lock Hospital against males,” which rendered the reception of such cases in another hospital necessary. In former days the hospital was asked to do a number of things for the Government. It was asked to receive soldiers, and thus saved Government the cost of building an hospital for soldiers. Then, again, they received money on account of resending people from drowning in the river. There are a great number of old traditions in connexion with the hospital and with the grant, but the present grant of £1,300 was mainly settled—altogether, in fact, with the exception of £250—for the reception of those syphilitic cases.

915. But it was given also in consideration of there being schools of medicine attached to the hospital?—It was confirmed. The confirmation of it is in the year 1842. There was a Commission which sat on the Dublin hospitals then, and they confirmed the

grant on the grounds that a large portion of the hospital had been allocated at the request of the Government, and also that it was a useful institution for the sick poor and for medical education. Those are the words of the Report.

916. What Report?—This is the Report of the Commission to which I refer. That is the statement. (Document produced.)

917. Did not the Report of 1856 recommend it on the grounds solely of medical education?—Oh, no; the Commission of 1856 recommended that the grant, which then was £1,080, should be increased to £1,500, on condition that a school was opened in connexion with the hospital, but finding that being carried out, they recommended that the £1,080 should be continued.

918. The reasons why you desire or claim a continuance of that grant are stated, I believe, in a letter which was written to the Under Secretary?—Yes; I have a copy of that letter here, sir. Do you wish me to read it?

THE CHAIRMAN.—I think it would be well to have it read, but our secretary will do so.

Dr. MYLES read the letter, as follows:—

“Dorset Street Hospital,

“20th March, 1885.

“SIR,—I am directed by the Governors of Stovecroft Hospital to inform you that your letter of the 21st of February last was laid before a meeting of the Governors, specially summoned for the purpose, on the 19th of March, and to submit the following observations of the Governors for the information of His Excellency the Lord Lieutenant. The Governors think that the subject of His Excellency's letter may be viewed from two principal points of view.—(1st. As His Excellency's suggestions, if carried out, would affect Stovecroft Hospital, and the trusts connected therewith, and the Government grants allotted to Stovecroft. 2ndly. In what manner the suggested scheme, if carried out, would affect the provision for the sick poor, and medical education in Dublin. With regard to the first point the Governors beg to point out that the hospital was founded by Dr. Richard Stovecroft and his sister, by the will of the former, in 1710, and by a deed of the latter vesting the property in trustees for ‘maintaining an hospital for sick and wounded persons’ and that the trustees were incorporated by Act of Parliament (2nd George II. cap. xix.), in 1773 to carry on the trust as provided by the Stovecrofts. Thus the object of the foundation was to provide for the sick poor, and the Governors believe that they would not be justified in diverting any of the trust funds to any other object—even for the promotion of medical education. In 1804 application was made to Parliament for assistance. In 1804 wards for military were instituted at the request of Government, for which £500 a year was granted, and some amounting to over £10,000 were voted for repairs. In 1805 a vote of £200 was granted for surgical beds. This grant was renewed to £1,425 in 1812. The Governors were required to make provision for receiving and recovering from drowning persons who had fallen into the river. In 1830 the Governors received provision to be made for thirty male venereal patients, and in 1834 fifteen beds for fever patients. Various Government Commissions and inquiries were from time to time made regarding these grants, and in 1842 a Commission strongly recommended the con-

charges of the grants, and could not recommend a reduction—"a considerable portion of the hospital had been allocated under an arrangement with the Government." In 1884 a Select Committee of the House of Commons recommended an increase of this grant to £1,800, on condition that a medical school was opened, but that failing the project (the opening of the school) that the sum to be appropriated to this hospital should not exceed £1,000. Thus it will be observed that the sum to Stevens' Hospital, only £250 was granted for educational purposes, the remainder being evidently granted as a continuation of the grants from time to time voted in consideration of the services rendered to the Government, and of the amount of space in the hospital allocated at the request of the Government. This condition appears to have been overlooked by His Excellency. The Government have recently followed up the policy pursued since the beginning of the century, and requested the Government to receive consular patients at a less in consideration of the existing grants. Here it may be observed that the beds allocated at the request of the Government for venereal diseases is still continued. All these services have been willingly rendered by the Government, and they believe that as this ground the grant can be easily defended in Parliament. With reference to the second part, the Government beg to submit the following remarks upon the large question raised by His Excellency's proposal for compensating for the grant of the House of Industry, the Lock, Stevens', and Cork-street hospitals and out-patient's funds and management, and constructing a new building to provide for the accommodation (closed by closing the House of Industry and Stevens' Hospital. His Excellency reviewed the present hospital grants, and points out that of £13,850 annually voted by Parliament £14,000 is divided among the before-mentioned hospitals in the following manner—House of Industry, £7,400; Cork-street, £1,900; Lock, £2,600, and Stevens', £1,850. Of these hospitals two—House of Industry and the Lock—are exclusively dependent on Government grants, while Stevens' and Cork-street are possessed of considerable means of income independent of Government. These were in 1884 as follows:—

	House of Industry	Cork-street	Lock	Total
Income	£ 3,182	20	2,905	
Interest	204	381		
Subscriptions	447	404	871	
Hospital Sunday	159	187	330	
Total	3,715	852	4,547	
Government Grants	1,200	2,900	3,900	
Gross Total	£5,418	£3,383	£8,387	

"It will be observed that Stevens' occupies a peculiar position, as the Government grant contributes only one-third of its regular income. In the above statement the contributions from the Dublin Corporation and other sources of income are omitted as being of a precarious character. His Excellency quotes an expression of opinion by the Commissioners of 1853, who, while voicing the opinion of the Select Committee of 1854, that institutions receiving parliamentary grants should afford medical instruction—say, that it has been "adopted in its most extended sense" by them. It does not appear, however, to have been carried out by their own recommendations or adopted by Parliament, as grants were recommended by them and voted by Parliament to the Hospital of Incurables, which gives no medical education, and to Cork-street and the Lock, which practically give none; and these grants have been actually voted for thirty years by Parliament. Therefore any failing of that has taken place in pupils in Stevens' and the House of Industry seems to have been too much insisted on by His Excellency as a reason which may be assigned for a discontinuance of the grants. The Government, however, admit that it is the duty of hospitals to provide clinical education, which is regularly done at St. George's. His Excellency refers to the condition of the buildings of the House of Industry Hospital, which are considered unsuitable, and which require reconstruction. The Government believe that the Stevens' building, although constructed originally on plans such as would not now be considered the best, yet are substantial, commodious, and with the recent improvements which have been carried out, are remarkably well suited for a large hospital, and are particularly well suited for their purpose. The Government would also point out that the buildings in Cork-street, although well constructed and situated, would not without additions be able to take over the work of the Hardwicke Hospital. The Government believe it would be an unreasonable waste of their trust estate to abandon such a fine block of buildings as Stevens' Hospital without securing

its full value as an hospital, and that if it were removed to any considerable distance from its present site its usefulness would be materially impaired. The Government consider that His Excellency has been misinformed respecting the influence of the grants in discouraging private subscriptions to the hospital. The House of Industry and the Lock do not seek subscriptions; therefore, the remark cannot apply to them. In the case of Stevens' Hospital the subscriptions are about £300 a year, which is double what they were a few years ago, and in the case of Cork-street the subscriptions vary according to circumstances, being annually about £450. But where special appeals have been made in cases of epidemics they have reached large sums. Thus in 1877 they were £3,311, and in 1879 £3,324, besides the sums received from the Hospital Sunday Fund, which are paid in proportion to the subscriptions raised and the work done for them. With regard to the capitalisation of the grants and the erection of a new hospital on an improved site, and the incorporation of a new governing body for the combined institutions the Government would first deal with the financial question. If the £14,000 of annual income were capitalised, say at twenty-two years purchase, the result would be a sum of £308,000. To construct a new hospital in substitution of Stevens', the Richmond and Whitworth, and to enlarge Cork-street, so as to enable it to take over the work of the Hardwicke, would take about £100,000, leaving say £208,000 in reversionary funds to be invested as an endowment for the combined institutions. This at 3 per cent. would produce £6,240 a year. This with the existing sources of income of Stevens' and Cork-street would be as follows:—

Interest on capitalisation grant	£ 6,000
Existing income of Stevens'	3,715
Existing income of Cork-street	852
Total	10,567

"In round numbers a sum of £10,000 would be available for the annual expenditure of the new Board of Governors. The present annual expenditure on the hospital is proposed to deal with in round numbers as—

Hospitals	£
House of Industry	7,600
Stevens'	5,000
Cork-street, average	4,000
Lock	2,500
Total	19,100

"This exclusive of pay patients (including Consular). Although savings would be effected as arrangements by amalgamation, it would be necessary in order to provide the necessary accommodations, to have at least 850 beds at the new hospital, giving, say, a daily average of 200 or least—800 ready at Cork-street and seventy or eighty at the Lock. These, at £40 per bed per annum—the present cost being £30—would give—

New hospital, 850 beds, at £40 per annum	£ 3,400
Cork-street	4,000
Lock, 80 beds " "	3,200
Total	10,600

"Even if it were not necessary to maintain so large a number (say only sixty or seventy at the Lock) it would at least require £18,000 to maintain the three establishments, the available income being apparently only £10,000 per annum. Therefore, a sum of £7,000, in annual subscriptions, in addition to present subscriptions, would be necessary. The Government have no hope that such would be attainable. Now, of the available £10,500 per annum, it would be necessary to appropriate at least £4,000 for Cork-street, and £2,500 for the Lock, leaving but £4,000 available for the maintenance of the Medical-Chirurgical Hospital, or a sum equal to about the present income of Stevens' of the Government grant, and payments for Consular patients. In other words, a new hospital would be built by the Government funds and endowed by the Stevens' trust. The Government cannot give their consent to such a proposal, not would be handing over their trust funds for purposes and to a body never contemplated by the donors. The Government do not believe the governing body suggested by His Excellency would secure public confidence, and, therefore, encourage private subscriptions, and are surprised to observe that His Excellency does not propose to include representatives of the subscribers on the new body. The Government of Stevens' Hospital, while they, with great regret, differ from His Excellency on the view which he has put forward, and cannot agree to be parties to the scheme proposed in your letter, nevertheless, fully admire and appreciate the

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Dr. Thomas  
W. Greenham.

desire of His Excellency to benefit the sick poor of Dublin and promote medical education in this city, and begin to assume the Lord Lieutenant, that they will be ready at all times strenuously to co-operate in any plan which he may propose with these objects, and which may appear feasible and consistent with the obligations imposed on the Governors of the St. Vincent's trust. The Governors have made the foregoing remarks after careful investigation, with a due sense of the responsibility attached to them in their capacity as trustees, and by the light of their very large experience, both individually and collectively in hospital administration.

"I remain, Sir, your obedient servant,

"(Signed) G. R. ANASTASIOU, Registrar.

"To Sir R. G. C. Huxford, K.B.,  
Under Secretary."

919. The CHAIRMAN (to witness).—You intended in that letter to set forward the grounds upon which you would claim a continuance of the grant?—Partially of the letter refers to that; but there is one point with regard to it which I should mention—that His Excellency's letter, to which ours was a reply, has not been read. You have not got before you the complete correspondence. I have Earl Spencer's letter with me (produced), and I can, of course, lend it to the Commission, but as this is the original document, I cannot part with it. It really should have been read first, and then the statements in the Governor's letter would have been rendered more clear.

Dr. Ayres.—I did not receive a copy of His Excellency's letter, or it would have been submitted to the Commission.

920. Dr. Greenham.—Well, it was believed by the Governors that most of these documents would be in the possession of the Commission.

921. The CHAIRMAN.—That is not so. Would you tell me are you of opinion that the State grant is properly distributed at present?—Do you mean to the general hospitals?

922. To your hospital—do you think it should receive this grant as the institution stands?—Well, if the grant is to be given on the conditions that were arranged originally, we should receive at least £1,080. Of course, under our altered circumstances, I cannot argue for the £398, which was given on the condition that I have stated, namely—that we should have a medical school attached to the hospital.

923. The medical school has fallen off altogether, as I understand?—Yes.

924. Can you state how the school has fallen off?—Well, I think it is because of the redistribution of the medical classes. At the time that that report was made in 1835 there were six medical schools in Dublin. There were two in Peter-street—private schools. There was the School of Physics, which was worked jointly by the College of Physicians and Trinity College. There was the College of Surgeons School and Cecilia-street School, and there was the Carmichael School, which is also a private school, and was then situate in North Brunswick street. After the arrangement of this grant, one of the Peter-street schools was closed, and some of the staff of that school went over to St. Vincent's, together with many of the students. I don't mean to say that the school was transferred. It was not, but it was broken up, partly in consequence of that arrangement, and, as I say, some of the staff and many of the students migrated to St. Vincent's. Since then the Carmichael School was reconstructed and re-opened in a new building, and it afterwards failed. Later on another new Carmichael School was opened in Angler street, and the other schools are the same still, but there has been a great disturbance in the arrangement of classes since then. Then, again, the hospitals have materially changed—the clinical aspects of them. In 1834 there were seven general hospitals in Dublin, giving general instruction in medicine and surgery—general clinical hospitals—and since then there have been three added; two new ones altogether—the Mater Misericordiarum and the Adelaide; while Sir Patrick Dun's—formerly only a medical hospital—

was made a general hospital, and is now engaged teaching medicine and surgery together. Then the School of Physics was added to the list of general schools. Formerly it was merely a medical school, and had a very small class. I was a pupil there myself—I only left it in 1831, on taking my degree—and when I went there first there were only from twelve to twenty students. It is now the largest school in Ireland. Formerly it was the smallest, and now it is the largest, Sir Patrick Dun's Hospital thus becoming a general hospital, with a considerable class, and officiated by the medical and surgical professors of the School of Physics. When, in addition, the College of Surgeons adopted the principle of recognizing the certificates or diplomas which there was a dispute about previously, that school became greatly enlarged, and that, of course, at the expense of the other schools, because they were scattered about in different positions. Then the clinical classes were drawn away in the same way. Sir Patrick Dun's Hospital, having become a general hospital, attracted students that did not go there before. The Mater Misericordiarum attracted a number of students belonging to the Roman Catholic Church, and the Adelaide, in the same way, a large number belonging to the Protestant Church. The result was, however, that those students that were previously distributed among the seven clinical hospitals are now distributed over ten; and as to the schools, in the same way, owing to these various causes, some of which I have generally mentioned—and there are a great many others—there was a redistribution of the students, so that that would account to a great extent for the alterations that took place at the Carmichael School of Medicine and the Clinical School of the House of Industry and St. Vincent's School. The whole condition of things has altogether altered since these grants were first given.

925. But at the House of Industry the average daily attendance of pupils is 50, as we have heard, and your daily average is only 6-3. Yes, practically, only the resident pupils now. When I went to St. Vincent's Hospital myself, there were only about twelve directly attached to the hospital itself. Things were very much in the same condition then as now. That was when we got £1,030 as a grant.

926. The average number of beds in daily use during the twelve months ending the 31st of March, 1853, was 34-40—that includes the Constabulary patients?—Yes.

927. The number of beds in the hospital, I observe, is 250?—Yes, there is a mistake there—250 is not the correct figure—it should be 254, as a matter of fact.

928. And how many of these are Constabulary beds, as you tell us?—I really cannot tell you that at the present moment, but we are bound to keep thirty beds now for Constabulary patients.

929. Your average number of beds in daily use was 34-40?—Yes.

930. And does that include the Constabulary patients?—Yes, that includes the Constabulary patients—that is the average for the year ending 31st March last.

931. How are the members of your visiting staff selected?—In answer to query 27, you say that they are elected by the Governors—how do the Governors select them?—They are simply elected. It is known when a vacancy occurs, applications are sent in, and an election takes place. There has been, of course, a certain preference given under certain circumstances—for instance, when the school was there, there was a general tendency—it was not always acted upon—but there was a general preference given to teachers in the schools, and where they belonged to the hospital staff they have in the same way been promoted from juniors to seniors. I began myself in that way—I was first a lecturer in the school attached to the hospital, I entered as a lecturer in Botany, and I gradually progressed, and was appointed physician to the hospital. That was the course followed at that time. Mr. Hamilton, who is here, can give you evidence to a similar effect, I think. He was attached to the school

before he became attached to the hospital, and so was Dr. Twiss.

932. In your capacity as Superintendent of Sanitation, you have paid great attention to the vital statistics of hospitals and other public institutions?—Yes, I had to compile and arrange those returns for the last Census.

933. And it was your duty to deal with the statistics of all the hospitals in Ireland for the Census of 1881—was it not?—Yes, for 1881. I was appointed in 1879.

934. And then you have also been honorary secretary to the Dublin Hospital Sunday Fund—have you not?—Yes, I have.

935. Now, could you tell us, in round numbers, what is the total income of the Dublin hospitals?—I estimate it at about £60,000 a year, but that is only an estimate of my own. It may be an incorrect figure.

936. How is that computed?—Well, I have taken it in this way—there is about £14,000 from Government, £4,500 from the Corporation of Dublin, £4,000 from the Hospital Sunday Fund, and, I should say, that the rest of the money is made up by subscriptions and donations.

937. Mr. HENNESSY.—From the returns submitted to us, I may tell you that the income of the Dublin hospitals is something more like £83,000 a year?—That may be—my estimate may be wrong. I am, however, in the return you have there, that the Hospital for Incurables is included, and I excluded it. The way I made the estimate was simply that I knew the hospitals participating in the Hospital Sunday Fund have an income of £40,000, and I put the others down at £20,000. But, again, I see your return is for last year, and I was making an average of it. Their income may be higher now.

938. The CHAIRMAN.—You have made out tables, have you not, as regards the cost of working?—We have made them out for the Hospital Sunday Fund. Those tables (produced) give a tolerably accurate idea of the cost that is likely to be incurred in Dublin. Of course there are a good many hospitals that are not included; these tables only deal with the hospitals that participate in the Fund.

939. Do you consider that there is a great waste of resources on expenditure in the management of many of the hospitals in Dublin?—No, not in particular hospitals—I do not; but I think there is a general waste by having too many of them. I would like to guard that answer a little—there may be some hospitals where the management expenses are too high in proportion to the general expenditure, but the result of that is general, not particular.

940. One result of that would be additional payments to a larger number of officials?—Yes.

941. Then you are in favour of amalgamation, I gather?—I would be in favour of reducing the number of general hospitals in Dublin. There are too many of them.

942. Do you think there is ample hospital accommodation at the present moment in Dublin?—I do, and there has been for some time past—I think even before the last increase took place. It is generally considered that in a town one hospital bed to 200 of the inhabitants is sufficient, with additional accommodation for epidemics, and we have at present one bed for every 181 of the population in Dublin city and county, which is by far the largest proportion of hospital accommodation anywhere in Ireland—I believe the largest in the United Kingdom, if not in the world.

943. Beds occupied?—No, beds provided.

944. Then the number of beds has been increasing, not only absolutely, but also relatively to the population since 1841?—They have. I can give you the particulars of that. Here (an Census return produced) is a table, sir, which gives the information for the whole of Ireland. It is set out by counties, and cities, and towns; and you will find there the total of the city of Dublin and the county of Dublin, and the

aggregate of both, which is really what we have to deal with in the Dublin hospitals.

945. Do you think that more patients could be better cared for, and that their comforts would be greater with a fewer number of hospitals?—I do. There are a great many hospitals, for instance, which get into bad repair, and they are always getting up a whip for subscriptions to improve the buildings and so forth, and if there were fewer hospitals there would be better buildings. No hospital can do that out of its annual income, and no hospital can afford to set apart sufficient for repairs or improvements. In the case of St. Vincent's for instance, I will give you an example. We had to put in a new system of sewerage some time ago which cost about £1,500 in round figures—it was 900 and odd pounds—and that had to be taken out of the capital of the hospital, which meant sacrificing so much bed power. Then more recently we had to lay out between £500 and £700 in constructing water-closets and lavatories, and connecting them with the new sewer system, so that is practically another bed gone. The reason why our numbers are low now is that we are trying to recoup that money by degrees, and it may be a long time before it is accomplished. We owed our bankers £1,400 last Board day.

946. Do you think the Government grants would be of more value if they were more concentrated?—I do, I certainly think so.

947. And are you satisfied with the mode of supervision and administration of those grants now?—No, I am not. I think it very unsatisfactory.

948. Would you propose that instead of the Board of Superintendence there should be some other body?—I think the Board of Superintendence is at all events open to this objection: it is mainly composed of members of the managing bodies of the hospitals to be supervised, and therefore the absurdity arises of Governors inspecting their own hospitals, and signing reports upon themselves and their colleagues' administration. Such a body could not be efficient and I think should be abolished. I consider that all hospitals receiving Government aid should be supervised in the manner provided by the Medical Charities Act (sec. 18, of 14 and 15 Vic., cap. 62), commonly called the Dispensary Act. Under that Act the Poor Law Board, whose powers are now transferred to the Local Government Board, have authority to inspect all hospitals receiving aid from public funds or rates. They should, I think exercise this power in substitution for the Board of Superintendence. That would insure a proper inspection of nearly all the Dublin hospitals as they nearly all receive aid from the city rates, and the Inspectors of the Local Government Board could then visit and inspect and report on all these hospitals. I don't mean to say it would be the best plan that could be adopted, but at all events it would be an improvement on the present system. The present Board of Superintendence visit the hospitals once a year, but they give notice beforehand, and everything is polished up to suit the occasion. The inspection is not at all satisfactory.

949. Supposing that the annual grants were given to the Dublin hospitals, how do you propose they should be distributed?—It continued?

950. I don't see that you can distribute them in any other way except as at present. If you adopt any general principle of redistribution, such as the Hospital Sunday Fund works upon, you would have to re-adjust the grants every year, because some have larger claims one year than another and others less, and if such a proposal as that were brought before Parliament I apprehend that there would be a terrible row over it in the House. I think it would be absolutely necessary to send up an estimate each year that such a hospital should get a certain sum of money and another hospital another sum, such an estimate would be of a character so totally different from all others that it could be scarcely dealt with by Parliament.

951. Would you be in favour of capitalising the

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grant?—I would. I think it would be much the best way of dealing with the question.

952. And would you like to have the amount handed over to you, or would you wish to have it handed over to an independent body like the Corporation of Dublin?—The amount of the grant capitalised.

953. Yes!—No; if it were capitalised, I would say it should be handed over to the existing bodies to be administered by them with the aid, it may be, of Government nominees put on each board to represent the Government interest, or the same scheme of amalgamation might be provided for uniting boards. That might be made a condition—some such provision as the Lord Lieutenant suggested a year or two ago, and alluded to in a letter from His Excellency, the reply of our Board to which has been read by your Secretary. But these are matters of detail, which could be easily worked out when the main difficulty is overcome. Lord Spencer's proposal looked very well on paper, but when we came to test it, we found that it could not be carried out. There were insuperable objections, one of them being that the proposal was to divert trust funds. But other proposals may be made to meet the requirements of the case, and to which objections will not be so fondly tending to decrease the number of hospitals, and improve the condition of those remaining. I am certainly of opinion that there is great necessity for concentrating or consolidating the Dublin hospital system.

954. I suppose you have looked at the evidence which has been already given before this Commission?—Well, I read the evidence up to Saturday, but I had not time to-day to read Saturday's evidence as published in this morning's papers.

955. Several of the witnesses, particularly one witness, on Saturday seemed to consider that the Roman Catholics had a great grievance in connection with the religious constitution of the medical and surgical staffs of many of the hospitals in Dublin, and also because they are not sufficiently represented. Do you consider there is any such grievance existing?—Well, I don't know as to the religion of the members of the boards of all the Dublin hospitals, but, concerning the mixed hospitals that are endowed, like St. Stephen's and St. Patrick Dan's Hospital, it should be remembered that the money all came originally from Protestant sources, and I don't know that there is any great grievance in Roman Catholics not being more fully represented on those boards. But at St. Stephen's we have a Roman Catholic elected governor, besides those who happen to be ex-officio governors. The ex-officio governors include the four chiefs of the Law Courts, and they may be all Roman Catholics or otherwise. But we have at present another Roman Catholic member of the Board, and there was another before him some time ago. At St. Patrick Dan's there are several Roman Catholic members of the Board.

956. Have you any Roman Catholic members of your Medical Staff?—At St. Stephen's.

957. Yes!—Not at present; no there is not.

958. Have you ever had them?—Oh, yes.

959. Have you considered the statistics of religion of the patients of the Dublin hospitals?—Oh, yes. I have a paper here that I prepared for the Commission (produced) showing the religious professions of the inmates of the several Dublin hospitals according to the Census of 1851.

960. Mr. KENNEDY.—Could you give us the totals?—The gross total being 1,475—1,106 were Roman Catholics, 310 Protestant Episcopalians, 35 Presbyterians, 7 Methodists, and 17 of all other denominations.

961. The CHAIRMAN.—And this document which you hand in gives details for the several hospitals?—Yes; that is, a certain group of hospitals, of which all except one comes within the common definition of hospitals. The Census definition of a hospital is an

institution for the temporary reception of the sick, and the Hospital for Incurables at Donnybrook is added in my list; but I have done so simply because it is one of the hospitals that receives grants, and I directed that it should be included for your information. The others are bona fide hospitals for the reception of the sick, and I think my list includes them all.

962. Have you any observations to make to us on the general aspect of medical education?—Well, really what I had to say on that point I have already said in telling you of the alterations that have taken place in the distribution of classes, and so on—those movements of schools and the movements of hospitals. I think there was one point that I did not mention, however, and that is that the Queen's Universities were established just about the time that the grants were made, and they established their medical schools subsequently, and opened them. That drew a certain number of local students, who used to come up to Dublin, to the provincial centres, and tended to diminish the number of medical students in the city. But I think Dr. Hamilton, who is to be examined, can tell you more about that than I can.

963. Have you formed an opinion as to the abstract as to whether you would prefer, from an educational point of view, a large number of small hospitals or a small number of large ones?—Oh, a small number of large ones, certainly. Many of the hospitals in Dublin have not a sufficient number of beds to give students an opportunity of learning their business. For instance, there is a case that I brought under the notice of the College of Physicians myself—St. Patrick Dan's Hospital. It originally had only 40 beds. I objected to that at the College, and objected to it very strongly, and the result was that Trinity College subscribed a certain amount of money to bring the beds up to a number sufficient to instruct the pupils. I took an active part in that discussion myself, and I thought it a very important thing to urge and insist upon.

964. Just before finishing, so I understand you to say that you do not consider that the grant to St. Stephen's Hospital was given also for the purposes of medical education?—No; I did not say that. I said that the £1,500 was given chiefly for two purposes. In the first place, £1,080 of it was given for services rendered by the hospital, altogether independent of the question of medical education, and when that grant was continued it was increased by £320, which was added with a special view to the promotion of medical education.

965. Mr. HOLMES.—Then I am right in assuming that your contention is that of the total grant of £1,500 only £320 was given for the purpose of medical instruction?—That is the only amount that the condition of medical teaching was specially attached to. Of course, having those wards there for the general patients, and being an hospital giving clinical instruction, pupils also receive instruction indirectly from the larger sum of £1,080.

966. Surely medical instruction is given in two ways—by means of medical schools and by means of instruction imparted at the bedside. Now, do you contend that the grant was not solely continued for the latter purpose?—That is mentioned as one ground; but in 1852 the Lock Hospital had been closed by the Government, and—

967. I don't go back to 1842—I deal with the Select Committee of the House of Commons which sat in 1854, upon whose recommendations the Departmental Committee, known as Dr. Beath's Committee, was appointed. The conclusion of the report presented by Committee was in these words, and they are very important words, so that you will excuse me quoting them in full—"The withdrawal of these hospital grants would, in the opinion of your Committee, occasion the ruin of this great educational system; and at a time when Parliament has shown so manifest a disposition towards the diffusion of knowledge,



and the encouragement of science and art, your Committee hope that it will not hesitate to provide an adequate sum for the development of that science which is most beneficial to mankind." Now, in the face of these words, do you consider that the balance of the grant—£1,680—was not continued to Stevens' Hospital for the purposes of medical education?—Certainly; because the end of the Select Committee, if you notice, was to recommend a Commission to deal with the details. Very well, that Commission when dealing with the details said they accepted that in its fullest sense, and then they proceeded to explain away, or whatever you wish, in the fullest sense. First, they gave a grant to Cork street Hospital which never had more than two students attached to it until a few years ago. They also gave a grant to the Hospital for Incurables, which never educated at all, and had no medical pupils; they gave a grant to the Lock Hospital which had scarcely any class; and they further stated that they recommended that the grant to Stevens' should be increased to £1,300 per annum on condition that an elementary school was opened there, but failing that project—I think these are the words of the report—that the grant of £1,680 should be continued.

948. But I think you will agree with me that the Committee ought to be judged by their own words, and not by any interpretation which you or I or any one else may put on them?—Certainly, I do.

949. Very well. Then here are the words from the report of Dr. John Smith's Committee:—" (1.) The best mode of distributing the grant of £16,000 recommended by the Committee of the House of Commons, with reference more particularly to the advancement of medical science. (2.) In forming the conclusion at which we have arrived, we have carefully kept in view the recommendation of the Select Committee of the House of Commons, that all hospitals which receive assistance from the State ought to afford medical instruction"—an opinion which we adopt in its most extended sense. I apprehend that of all the hospitals to which they recommended that the grant should be continued the Hospital for Incurables is the only one which at that time did not give medical instruction?—Oh, no. Cork-street gave none—they had no medical students. They had not even two resident pupils at the time. They had residents, but they were not resident pupils in the regular sense of the word—they were paid officers.

950. Mr. KENNEDY.—But they got the grant on the special ground that it was a fever hospital.

Mr. HOLMES.—Yes, and the Lock in the same way, because it was a special hospital.

Dr. GRIMSHAW.—Persons acquainted with medical education in Dublin well know that Baggot-street Hospital, which received no grant, has a large class, and that Stevens' Hospital, with a small class, gets a large grant. These things are all revised every session of Parliament, but Parliament went on every year voting these grants as if no change had taken place. In the case of Stevens' Hospital, they had made contracts—repeated contracts—with the Government to do certain things for certain sums of money. Among other things, for instance, we are bound to provide for Constabulary patients. Some years ago, when Sir Michael Hicks Beach was here, I was requested by the Board to report upon this question specially. I inquired into the matter in great detail, and the result was that I informed the Board and Sir Michael that while the Constabulary paid us between £1,300 and £1,350 a year, they set £2,960 worth of provisions, and nursing and so on—that they consumed £2,400 worth, or just double what they paid into the funds of the hospital. In other words, the whole of the Government grant went in that way. And when I mentioned the matter I was told that we got the £1,300 from Government, and had no right to complain. It was treated, in fact, as if this £1,300 was given to us as a sort of bonus for Constabulary patients, whereas I hold that this money

was given to us in consideration of expenditure by the hospital and of the specific services rendered by the hospital at the request of the Government—that it was to recomp us. We went on receiving this money and expending it, all we found that the Constabulary patients were actually consuming more than the Government grant, together with their own payments, and then we had to protest to Government—which Mr. Holmes is aware of—that we could not stand it any longer—that we were not going to encroach upon trust funds to feed policemen, and we called upon the Government to revise their tariff. They did so, but in doing it they did not pay us as much as the Constabulary patients cost us, although we had made it plain to them that we had been keeping those patients at a loss in the past. Another point was this—that the upper wards of Stevens' Hospital were re-constructed at an expense of £6,000, and these wards are altogether occupied by the Constabulary patients. They were rebuilt practically to provide accommodation for policemen. Then we were bound to provide a venereal ward for that money, and that ward is in existence still. There are fifteen beds there permanently open, and if more patients come we are bound to take them in, up to thirty, in fulfillment of our contract with the Government. So that we have kept our conditions and spent the money, and some of the Government are of opinion that we spent more money than we had a right to, considering our arrangement with the Government. The Stevens' grant is totally different from any other in Dublin—the Lock is the only parallel case—since specific services are rendered for the specific grant. In the other cases the grants were given to the hospitals, believing that they gave clinical instruction, but Stevens' grant was divided into two lots, one grant going on for three-quarters of a century, for certain services rendered, and the other £230 given when the school was opened—given to open the school, in fact. It was to provide for the new expenditure on buildings, and so on. Therefore, we are not in the same category as other hospitals at all, in my opinion, and I think that all the reports of the various Commissions will tend to support that view.

951. Mr. HOLMES.—Well, supposing these services were no longer required of you, and that the Government said we will quit and withdraw the grant, will you say that you have any claim on it that had not been wiped out by the annual payments in the past—that for any services rendered by you you have not got your paid fee yet?—Certainly, because we expended a lot of capital in providing extra accommodation for these people.

952. Are you aware that in the beginning of this century, in these years, the Government gave £10,480 and upwards for repairs on this hospital—as a contribution?—I am aware of that.

953. And don't you think that ought to be set-off?—That money had to be spent in repairing the roof, which had to be repaired again. It was expended in temporary repairs—all expended. If we had that capital laid by, and were getting the interest upon it, I could understand your suggestion; but we have, as a matter of fact, expended the money we got from Government from year to year, fulfilling our part of the bargain by rendering the services agreed for.

Mr. HOLMES.—Well, I cannot accept your views, so I will ask you no more questions.

954. Mr. ANSTON.—You say that there are 1,069 pupils in the hospitals of Dublin—has the number increased on you tell us, or diminished since 1834?—I could not tell you. I could tell you from the Census Book the numbers that were in Dublin at each census period—1851, 1871, and 1881; but it would take some time to look that up.

955. Mr. HURRO.—There is an item of your income: "Pay patients, £1,196 10s. 2d."—are they Constabulary patients?—Primarily—almost altogether Constabulary patients.

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976. Then you have received payments from Constabulary patients beyond the Government grant?—Oh, yes.

977. You get nearly £2,500 a year for the Constabulary?—No, we only get for pay patients altogether £1,196.

978. And the Government grant £1,800—that is £2,496 you have received on account of Constabulary patients—isn't it?—No. I don't admit that we receive the grant on that ground. It was given to us originally for other services.

979. You are maintaining venereal wards?—And all the services rendered by us at the request of the Government. As a matter of fact, any one acquainted with hospital work, which you, no doubt, are, knows that it costs about 2s. 6d. a-day for the maintenance of patients, and, if you had the number of Constabulary patients there, you would find that they only contributed about half what they cost, or, at least, did not contribute more until recently than about half what they cost. At the time that I made the estimate for Sir Michael Hicks Beach, some years ago now, no doubt, I made out that it came within a pip of the £1,300—very nearly making up the entire £1,300 we received from Government, in addition to what they themselves paid. The Constabulary are a very expensive class of patients—most of them are not very sick and are on full diet when there.

980. What is the "assessment on the County of the City of Dublin, £150"?—That is the Corporation grant.

981. And you get that annually also?—Yes; it has been sometimes paid and sometimes not.

982. Mr. HOLLAND.—Is it not the case that the Constabulary now contribute far more than the maintenance charges?—Oh, yes, they do not.

983. They pay more than £30 a year—at the rate of 1s. 10d. a-day—it comes to more than £30 a year, and the average annual cost per bed for maintenance of patients is put down in this return at £28 2s. 1d. But they must contribute to the management of the hospital. That item to which you refer is for the maintenance of the patient only. You have, in addition, the maintenance of the establishment, nursing, and so on.

984. But surely you don't expect a man in the position of a policeman to pay the full cost of his hospital treatment?—Well, I would not expect the policeman to pay, but I would expect the Government to do so.

985. You are aware, I presume, that in England they do nothing of the sort—that, if a policeman gets sick there, he merely goes into hospital, and is treated as an ordinary patient—as any other patient, free of charge?—That has nothing to say to the hospital authorities here—I am sure I do not know what they do in England.

986. It has everything to say to the hospital authorities here, in my opinion, that you draw a distinction in the case of a policeman who is quite as fit a subject for treatment, and as good a medium for conveying clinical instruction as any other patient, and passed whom you are receiving something at all events towards your income?—A Constabulary patient is not one of the sick poor of Dublin at all.

987. Well, "poor" is a relative word?—Well, he does not belong to Dublin as all any more than a soldier stationed here does. Your argument might apply very well to a metropolitan policeman, but not to a country policeman at all—he is a stranger to Dublin.

988. But these men come from the constabulary depot, don't they?—They come from the country, and the depot even is not in the city of Dublin—it is outside.

989. And do you exclude from your hospital any one who is not a citizen of Dublin?—No, we don't exclude them; but the primary object of the hospital was for the relief of the sick and wounded poor of Dublin, and you cannot put constabulary patients into that category. I don't know what the practice is in England, but I really do not think that it is a

warrantable thing to expect us, out of the funds provided for the relief of the sick poor, to expend a large amount, or any amount at all, on policemen—I don't think it is right to ask us to pay one penny out of a fund dedicated to the sick poor to such a purpose, or even to ask the members of the medical staff to attend on these patients for nothing.

990. Would you say, if the Government did not pay for the policeman when in hospital, and that they had to pay out of their own small incomes, that you would not take them in simply because they were policemen?—I say nothing of the sort, and such a thing has not arisen. You must remember that the Government provide medical attendance for the soldier, and the constabulary is a great military force. When a soldier is sick a portion of his pay is stopped, and I suppose in the same way the pay of a constabulary patient is reduced temporarily. But I think any loss that arises from his illness, over and above the deduction from his pay, should be recouped by the Government who employs him, and should not be borne by the hospital into which he is received for treatment.

991. Mr. KENNEDY.—This question of the constabulary is a very large one, though it appears a very small one on paper, and from your replies to Mr. Holland I gather that you are very much of an opinion which I expressed here on a former occasion; that is, that endowed hospitals or hospitals living on voluntary contributions should not be asked out of those funds to support persons who are provided for from other sources—is that the nature of the evidence you give?—Yes.

992. Now, I asked a lay Governor of the House of Industry Hospital if he believed it was a right use to make of money given by the State for the relief of the sick poor who were not absolutely paupers—to support those people there who ought to have been provided for out of other funds—for instance the poor rates—and I was told that he thought it was quite a proper use to make of it—do you agree in that?—Well, if I understand you rightly, you mean that absolutely pauper patients should not be provided for.

993. Oh, no; they are provided for in the union of the district, or out of the rates of the union—I will explain what I mean. The North Dublin Union has power to contract with a hospital in its district to support pauper patients—do you believe that if you were in the habit of doing that—and the House of Industry Hospital is—that if you took some of those patients without payment it would be a proper use of the funds entrusted to you by Government for the relief of the sick poor who are not absolutely paupers?—On the House of Industry Hospital I don't wish to give an opinion—I don't know what their practice is.

994. Mr. HOLLAND.—But it is an abstract question, and Mr. Kennedy merely illustrates it by mentioning the House of Industry Hospital?—I quite understand.

995. The CHAIRMAN.—I think that is a question which you should have no difficulty in answering?—I cannot, for I don't know what the practice of the Governors of the Industry Hospital is.

996. Mr. KENNEDY.—I don't want your opinion as to the practice of the Governors of the House of Industry Hospital. I want you merely to state whether you believe that any hospital in Dublin, maintained largely or solely out of State funds, has a right to contribute those State funds in the relief of paupers who are provided for by Act of Parliament in another manner, to the deprivation it may be of patients who should be provided for out of the State grant?—Oh, I think the State fund is a totally different question—I could not go so far as to say that.

997. I don't think you understand my question yet. The House of Industry Hospital, you may take it for granted, is living on £7,000 a year State money. Its voluntary contributions are for all practical purposes nil. They are in the habit of expending patients out of these State funds that I maintain should be sup-

ported out of other funds, namely—the poor law rates, and you will not answer me that that is an incorrect thing, and yet you tell Mr. Holmes that it is an incorrect thing to support a constabulary patient out of your funds?—Not at all. I told Mr. Holmes that the Governors of St. Vincent's Hospital had come to the conclusion that if the trust funds of the hospital were encroached upon by the constabulary patients that that would be improper, and then I went on to tell that that point was reached, whereupon they made a protest—they wrote stating to the Government that they could stand it no longer. But if the Government tell us we are to spend the Government grant on the constabulary we should do so. That is quite beside the question of whether the House of Industry Governors are using property or not—that is according to their own conscience.

998. No. I will repeat my question. You replied to Mr. Holmes that you did not believe your hospital had a right to be called upon to expend one shilling of your trust funds in the support of constabulary patients, and you gave a very proper reason for that, namely—that the State ought to support the constabulary as they support the military when sick?—Yes.

999. Now, if that answer be a correct answer I ask you this question—then assuming another hospital to exist in Dublin that is in receipt of State funds only, which State funds are placed at its disposal for defined and specific purposes, and that these purposes are deviated from in their expenditure, do you believe that is consistent with their trust when the Governors of that hospital allocate their funds for the support of other patients than those funds were intended for?—Certainly not—of course it would be a breach of trust.

1000. Now, to go back to Mr. Holmes' question. The Government come in and found you in possession of buildings to which they contributed £10,000—on any other sum of money, in the past—and they say that that £10,000 ought to have provided at all events a building large enough to maintain thirty beds—they assume that?—Well, I don't think so, with all due respect.

1001. Well, do you believe that you could erect a building large enough to provide thirty men for £10,000?—Certainly.

1002. Then, assuming that the Government had spent on your buildings this £10,000, do you not believe that out of your buildings you should accommodate thirty men in return for that expenditure?—I really cannot suppose a number of conditions to exist that do not exist, and then give you an answer founded upon them.

1003. I will tell you my object by-and-by. But do you believe that £10,000 ought to provide house accommodation for thirty patients?—Not in a well-constructed hospital; but I really do not understand your question.

1004. Just follow me—you have a certain pile of buildings and you contracted with the Government to do certain work?—Yes.

1005. And you took £10,000 to put your buildings in proper order?—To repair them.

1006. Well, to repair them. But did you not implicitly contract with the Government that if that £10,000 was so spent the Government would in return receive certain accommodation in your buildings?—Not for thirty patients.

1007. But did you make any implied contract?—As a matter of fact, there is a contract existing, according to my contention, but it is not the contract you wish to make out.

1008. Do you believe that for that £10,000 the Government did not expect to get accommodation for thirty patients?—I don't know what the intentions or expectations of the Government were, and really I have not come here to speculate on the matter. I would ask the chairman that I should not be pressed with such questions.

1009. Suppose that you got £10,000 to-morrow to spend on St. Vincent's Hospital, do you believe that if

the Government gave it you could produce accommodation for thirty patients in the house?—Certainly; but that is a matter I could not enter into without calculation. If I got £10,000 I have no doubt that I could add accommodation to St. Vincent's Hospital for thirty patients—more likely I could; but that requires consideration and calculation.

1010. I will tell you why I ask these questions—in order to draw a conclusion. Would you be surprised to learn that there are hospitals in the city of Dublin?—I could mention them to you if you choose—that would be quite pleased to receive a sum of 2s. or 1s. 10d. a day and support the Constabulary patients in their institution without receiving a farthing for buildings?—I think they would be foolish to make any such contract.

1011. But if they made the contract, and were a solvent hospital, don't you think they should be held to that contract by the Government?—I don't know. I am not prepared to answer such questions.

1012. Would you consider that you ought to retain the Constabulary?—I don't consider anything about it. We are not signing upon the retention of the Constabulary, but that we are doing the work which we contracted to do, and doing it efficiently.

1013. I understood your reply to Mr. Holmes to be that the Government were not paying you sufficiently for the Constabulary at 1s. 10d. a day, and they have given you £10,000 towards your buildings; and I asked you if another hospital, without receiving this £1,000 were willing to take these patients at 1s. 10d. a day, do you think you ought to retain them?—I am quite unprepared to answer the question. It is altogether a matter for the consideration of the Government. I do not understand your question.

Mr. KENNEDY.—I must ask you, Mr. Chairman, do you understand it?

The CHAIRMAN.—I do; I think it is very intelligible.

1014. Dr. Grimsdale.—I must say that, having considerable experience of hospital management, I don't understand what it is that Mr. Kennedy wants to show.

1015. Mr. KENNEDY.—My object for doing this is that I want to show conclusively, at once and for ever, that it is possible in the city of Dublin to construct, from purely voluntary contributions, hospitals in which we will receive, at 1s. 10d. a day, and be glad to get them indeed, persons suffering from disease—tend them, feed them, and discharge them cured, if possible?—That is a thing that requires a great amount of calculation, and that one cannot give an opinion on off hand.

There is not a man in the city of Dublin that would not give you credit for making such a calculation at a moment's notice, Dr. Grimsdale—

1016. The CHAIRMAN.—May I ask you this question—is it not a fact that there has been a wing built to the Mater Misericordie Hospital of late?—They are building one, I think. I don't know whether it is finished yet or not.

1017. How much money are they spending on that?—I don't know at all. I don't know anything about the Mater Misericordie Hospital.

1018. Mr. KENNEDY.—Have you any knowledge from what you have seen of the statistics in the room here, or from other sources, as to what the cost of management in some of the voluntary hospitals is, contrasted with the cost of management in your own?—Oh, yes. There are sixteen hospitals given in these tables that I have handed in, and the cost of management, maintenance, and establishment is shown for each.

1019. We will take your own hospital. It is returned at £27 7s. 5d.—That is the total cost of the bed occupied.

1020. Yes?—For last year.

1021. Yes?—It is.

1022. And is that not the reason that you said it cost you twice the money you are receiving from the constabulary to maintain them—you are including,

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when you say that, not only the money expended on the patient in the bed but a proportion of the establishment and management charges which go with the maintenance to make up the gross cost of the bed—this £67 7s. 6d. is more than 1s. 10d. a day!—Of course it is.

1023. And, therefore, you are bringing out a total of expenditure upon your own showing of £67 a patient, whilst the Government, if acting on more modern ideas, had sent that patient to another hospital they could have had him supported for half the money?—I really do not know. With great respect, sir, you are mixing up two things—the management of the institution and the maintenance of the patient.

1024. I am speaking of the gross average annual cost per bed—£67 7s. 6d.—and if I tell you that the Master Milericordine will do that for nearly half the money—would that astonish you?—We don't ask £67 at all.

1025. I know you don't, but you complain that you can't maintain and feed the constabulary patients for 1s. 10d. a day?—No such thing, you have misunderstood me altogether. I said we could not maintain them for 1s. 8d. a day.

1026. I did not hear that, and Mr. Holmes says you got 1s. 10d. a day?—But the question of this grant and all this was raised up before the re-adjustment of the cost of the constabulary patients. This is a new thing of the other day. These figures that I have been stating were on the supposition of 1s. 3d. a day, and we demanded more because we found it would not pay to maintain them at 1s. 3d. a day.

1027. At the bottom of my question lies this patent fact, that there is a system of administration in your hospital which works out a result of £67 add as the cost of the bed. You are receiving nearly £5,500 a year from this £1,300 grant, and the constabulary money, whilst other hospitals not receiving one shilling are at all events able to produce a result at half that amount, and I asked you why you expect that the present system should continue in your hospital when the same work could be done for half the money elsewhere?—That is the return for the year ended March last, which was an exceptional year.

1028. I am speaking of the expenditure of your hospital, and comparing it with another which is £30 per bed under it. Do you think the Government would be doing a wise, or proper, or just thing if they refused to give you the constabulary patients when they can get them treated for half the money, and treated as well in that other hospital?—That is a matter for the Government and not for me. I don't think I should be asked here to explain what the Government ought or ought not to do, more especially as I am a Government official myself. It is not a position that I should be placed in.

1029. Do you think as an honourable-minded man that the Government ought to go to an hospital where it costs £67 to maintain a patient instead of to an hospital that can do it equally well for half the money?—I recommend nothing; but the Government don't pay £67, and if they got value to the extent of £37 for £30 I think it would be wise policy to continue on with the hospital that gives such value.

1030. But why do you take credit for giving the Government a present of £35 a year upon each patient if they can go across the street and get a patient maintained for exactly half the money that you say it costs you to maintain him?—We don't take credit for anything.

1031. Then why do you cast blame on the Government, or on Mr. Holmes, in this matter?—I don't understand the position I am placed in here. I don't blame Mr. Holmes, or the Government, or anyone.

1032. Didn't you say that the Government are bound to pay you the cost of supporting the Constabulary patients. Mr. Holmes says 1s. 10d. a day is the amount now paid for each. And I ask if the

Government can get an hospital—I care not where—which can efficiently care and treat these patients for 1s. 10d. a day without complaint. Have you, if they be taken from you, any cause to complain?—Mr. Chairman, I must say I made no complaint of anyone. It is not my business to advise the Government as to the treatment of Constabulary patients, and I don't think it is fair to ask from me an expression of opinion as a matter of evidence.

1033. I asked you the question because I want to get your opinion?—I really cannot answer the question, because I am asked to put myself in a position that I am not in, and to say that what costs £67 at one place can be done for £32 at another. But if it only costs £35 or £33 elsewhere, and if there is that much more expended on a patient in St. Vincent's Hospital, I think the Government would be right in sending the patient to St. Vincent's rather than to the other hospitals, because they would be getting a so much larger return for the sum of money paid by them.

1034. No, because on the patient in St. Vincent's there is no more spent, but in the management there is enormously more expended?—I don't know, but you wish to compare the way a patient is treated in St. Vincent's and in the Master Milericordine or some other hospital. I don't say they are worse—that may be, or they may be better off,—but there are other considerations in the case of St. Vincent's besides that. It has been a long time connected with the Government—that was one reason for continuing the grant to it, and another is that it is nearest the depot—a great convenience,—and it possesses more advantages than any other hospital at present provided, but as to what the Government would be right in doing or not right in doing, that is a matter I cannot give an opinion upon. That is a matter entirely for themselves, but I apprehend that they will take all the circumstances into consideration.

1035. But you complain that you cannot continue to support the Constabulary at 1s. 10d. a day?—No; we complained that we could not support them at 1s. 3d. a day. We applied to Government for an increase, and they raised it to 1s. 10d. We are trying to do so now with the 1s. 10d., and whether we will succeed or not I cannot tell you yet.

1036. We will pass from that, and I ask you, Dr. Greenhalgh, what are the qualifications requisite for candidates for the appointment of surgeon or physician in your hospital?—The qualification!

1037. Yes, what are the qualifications held down?—Well, candidates must be fully qualified medical practitioners. There are no other conditions that I am aware of.

1038. You don't see whether a man is of better standing in his profession or not than another?—That is a matter of selection, not qualification. Of course we take the best man we can get for the purpose.

1039. Have you always taken in your opinion the best man you could get; has your Board, when selecting candidates to fill up vacancies on the Medical Staff, invariably acted upon the principle that they should select the best man they could get?—That is altogether a matter of opinion.

1040. Well, you will not answer that question?—No, certainly not. Your question, if it means anything, implies that the members of the Board would, in the matter of appointment, neglect their trust.

1041. May I ask this question—where you have in St. Vincent's, as I see from the return, an average of 105 Roman Catholics out of a total of 146 patients, and where that has been shown in various reports that have been made as to the management of the hospital, do you think that it is in accordance with modern ideas that it would be wiser for the governing body of St. Vincent's to adopt a more liberal mode of selection with regard both to the Board and to the medical staff?—I do not understand what you mean.

1042. What I mean is this—do you think that the Board ought, in their selection of medical men, to take care in future, though they have not done so in the

gent, to select Roman Catholic physicians and Roman Catholic surgeons, when you show that you have 155 Roman Catholic patients out of a total of 146?—No, I think it would be a gross neglect of duty on the part of any Board of Governors of any institution to take into account the question of religion in making appointments.

1042. You give me a direct answer to that question, but you refuse to give an answer as to the influence which guided the Board in making their selection?—No, I did not refuse an answer to that—I said we select the best man we can get. Mr. Chairman, may I make a remark. Mr. Kennedy put a very distinct question to me as to what were the qualifications of men elected on the medical staff, and I said they should be fully qualified medical practitioners. I was then asked what principles were adopted in choosing between candidates, and I said we selected the best man for the purposes of the hospital; and then I was asked if we invariably selected the best man, and I did not answer that, because it was altogether a matter of opinion and not of evidence.

1044. Mr. KENNEDY.—I will go to a particular instance—there was an election very recently, in which Dr. Reuben Harvey, Professor of Physiology, and Dr. Magee Finny, at present Professor of Medicine in the University of Dublin, were candidates on the occasion of that election, when these men were rejected, and a third—whose name I need not now mention—was elected, do you mean to tell me that the Board conscientiously believed they were selecting the best, the most experienced, and the most highly qualified man they could get?—I do not think you are aware of the circumstances of that election.

1045. Answer the question—I must press for an answer, yes or no, and then you can explain?—I will not answer that question. I say, with all respect to you, that all I have stated is that they selected the best man for the purposes of the hospital. One of the conditions on the occasion of that election was that the man appointed should work in the medical school of St. James' Hospital, and Dr. Reuben Harvey objected to do that.

1046. But there was no medical school attached to the hospital then?—I beg pardon—there was a medical school in full working order then.

1047. The CHAIRMAN.—Then your answer to Mr. Kennedy is, you think that for the purposes of the hospital the best man was selected?—Yes, and, moreover, it was upon the conditions provided in Dr. Smith's plan, that the gentleman elected on that occasion was a gentleman connected with the medical school.

1048. Mr. KENNEDY.—In what year was that election held?—It was held in the early part of 1890, I think.

1049. And when did the school at St. James' practically cease to exist?—In 1881, I think—I am not sure—but I knew that the school was open at the time Dr. Reuben Harvey was a candidate. He was a personal friend of my own, and I know that he told me he would not take the place, because he could not work in the school, and, therefore, he could not fulfil the conditions.

1050. Did Dr. Finny say the same?—I don't know that he went on to election at all—I am not sure that he did. I may tell you, as a matter of fact—it might be interesting to the Commission to know—that on one occasion Mr. Butcher and Dr. Robert McDermott were candidates for the office of surgeon, and Dr. Butcher was then a more eminent surgeon than Dr. McDermott—although I would not say so now—and Dr. Butcher was not elected, and the other elected simply because he was willing to act in connexion with the school.

1051. Was the late Dr. Warren willing to take work in the school?—Yes.

1052. And was he recommended by the entire medical staff for an appointment as physician to the hospital, and not aided by the governors?—No, he was not recommended by the entire medical staff.

1053. Now, are you sure about that—in it not the case, I ask you again, that the late Dr. Warren, on the occasion of a very recent vacancy, was recommended by the entire medical staff, and not aided by the governors?—He was recommended by the surgical staff—there was an medical staff at the time; the two physicianships were vacant.

Mr. HOLMES.—Oh, that is finding.

1054. Mr. KENNEDY.—Was he recommended then by the surgical staff, the physicianships being vacant?—He was recommended by the members of the surgical staff.

1055. And besides?—I would not say that he was not aided. The two men appointed at the time were both better men, in my opinion, than Dr. Warren—Dr. Henry C. Twedy and Dr. Hayes. I say, with all respect, that they were both superior, and, moreover, I would tell you plainly that I was asked by several of the governors who were the best candidates in the field, and I gave them that as my opinion.

1056. Didn't you know that Dr. Warren was the person recommended by the surgical staff?—Yes, I have said so—I believe he was—in fact I know he was.

1057. And don't you know that he was rejected?—He was not elected.

1058. Is there a distinction now between not being elected and being rejected—what is the difference?—If there was only one vacancy, and you said you would not have the man—that is a rejection; but if there are two vacancies, and competition for them, the choice of two out of more candidates—would not, in my mind, be a rejection, but a selection.

1059. The CHAIRMAN.—Has the result of the election, when Dr. Hayes was selected, justified his election?—I think so. Dr. Warren is dead now; but that election is a matter which I know a great deal about, and, I believe, that the best man was selected. I happened to be the retiring physician at the time, and several members of the Board of Governors put me in the difficult and delicate position of asking me to recommend the best man to them, and I did so.

1060. Simply from the standpoint of professional superiority?—Yes.

1061. Mr. AMERYSS.—I believe there are twenty-one members of your governing body, and that no less than nine of them are ex officio—am you of opinion, Dr. Grimshaw, that it is a desirable thing to have nine ex officio governors?—I am not. I think they are an entirely useless body.

1062. And are you in favour of a large Board or a small Board?—I am in favour of a large Board—a good Board for general purposes—but I am quite in favour of a small committee for working the hospital—a committee of from six to a dozen or so is a workable body, and quite sufficient to make up the administration of details.

1063. I find that none of the ex officio members ever attend, as a matter of fact?—They do, some of them, when summoned; but the way the hospital is managed is this—the whole board is convened, and they appoint a committee called a Committee of Governors, and that committee visit the hospital and reports from time to time to the General Board, who have no specific time of meeting. The proceedings of the committee are considered by the General Board then, when they do meet, and as a rule confirmed; but there are certain things which the committee cannot do. It cannot deal with the property of the hospital, and it cannot make any of the more important appointments. These are the principal things; but otherwise it transacts all the business with regard to the detailed management of the institution. I don't approve of those big boards of governors—fifty or sixty men—being supposed to meet once a week or once a fortnight to administer the general affairs of an hospital. A small body is very much more workable. That is, I think, general experience.

1064. Does your nursing system satisfactorily?—Well, probably as well as in most hospitals in

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Nov. 2, 1895.  
Dr. Thomas  
W. Grimshaw.

Nov. 3, 1898  
 Dr. Thomas  
 W. Grimeson.

Dublin. It is very much improved, I may mention, within the last few years.

1065. Am I right in assuming that, save in the case of the Constabulary, you don't receive infectious diseases?—Not at present; we did up to very recently.

1066. You do receive fever cases from the Constabulary?—Yes; we are bound to do so.

1067. And don't you think it is a very faulty system, receiving fever patients without having separate accommodation, so as to prevent their coming into contact with the other patients?—Oh, the fever cases are in a separate building, and the attendants are separate. In that respect it is as safe as it can be under the circumstances.

1068. Is it a fact that other patients did contract fever by reason of contact with the members of the Constabulary force who were laboring under that disease?—Well, I don't know about the Constabulary force, but some time ago fever did break out in the hospital. It is not at all clear that it was not introduced, but it might have been by neglect. Personally I think fever hospitals should form a separate and distinct department, away altogether from the general hospital.

1069. I think it might be inferred, from some of your answers, though you have not stated so directly, that you are not in favour of a school being attached to an hospital?—No; I take the view that a great many do at present—that there are certain subjects which ought to be systematically taught in an hospital, and that there are other subjects which can be a great deal better taught out of hospital—in a medical school—such as anatomy, physiology, and so forth. The hospital, however, should always be the great centre for clinical instruction. These are my opinions, and I am rather inclined to believe they are sound; but having ceased to be a medical teacher for some years, I am not so well qualified now to judge of the matter. Schools managed in connexion with hospitals in Dublin have not succeeded, as a matter of fact. Take, for instance, the Richmond, which worked in connexion with the Chancery; and St. Vincent's, and Beggar's-bush in connexion with the College of Surgeons—they all failed, and the only one that has succeeded, in my mind—and that after a great deal of trouble and discussion—was the School of Physics, worked in connexion with Sir Patrick Dun's Hospital.

1070. Your opinion is not in harmony with the report of Dr. Scott's committee?—That, you will remember, is thirty years ago, and things have changed immensely since then.

1071. On Thursday Becker's opinion of last week?—Well, I have only given you my opinion. I have qualified it by stating that I have ceased for some time to be a teacher, and therefore I am not so competent to advise in the matter.

1072. Mr. HUGHES.—Dr. Grimeson, if the average number of students on your books as receiving instruction during the last three years had been 63 instead of 63 would you have the courage now to say that the Government grant was given for services rendered by the hospital, and not for the purpose of promoting medical education?—Certainly. It would not alter my opinion if there was no class there at all—if it was not even open for clinical instruction.

1073. THE CHAIRMAN.—The expense per bed in your hospital has increased somewhat this year?—Yes; that is because the number of patients was less.

That is a necessary consequence of reduced numbers—to increase the gross average cost per bed. We have reduced our numbers to try and wipe off the debt of which I spoke.

1074. Was it not a fact that Dr. Warren, at the time of his death, was one of the most successful private teachers in Dublin?—I don't know. I have been out of teaching for a long time past, and cannot tell.

1075. Have not the surgeons of your hospital a very high reputation as teachers among the Dublin surgeons, who themselves have a very high reputation?—Well, if you put it all round, I don't care now to criticise people here, but there are some of the most eminent surgeons of our day and of our hospital who are not eminent teachers.

1076. When you were a professor in the school was it not one of the most popular schools in Dublin?—I did not say that it was.

1077. Was it not well attended?—Holding; and we attribute the comparative smallness of our class, not to our deficiency, if I may say so, but to the distance the students had to go before they could reach us. However, Dr. Hamilton, who was secretary to the school, can give you more information upon that subject than I can.

1078. I would like to ask you once more, as a general question, how do you account for the collapse of the school?—I cannot account for the collapse of the school, except that they did not carry it on.

1079. Was it due in any way to the appointments that were made?—It was due to a difference of opinion between the surgeons and the Governors of the Institution, but I was not a governor at the time, and therefore do not know the details of the case. Mr. Hamilton, again I would say, can inform you better upon that subject.

1080. Now, have you any general remarks that you would like to make on the subject of our inquiry?—No, but I wish to have it distinctly understood, sir, that I do not come here to criticise the opinions of outsiders with regard to these things, and I do not come here to criticise the dealings of the Government with the hospital as regards the Constabulary patients. I don't think these questions should have been asked of me, because they put me in rather a false position.

1081. Just one thing more. I forgot to ask you are you opposed to having contagious diseases in a general hospital mixed up with surgery cases?—I am not opposed to venereal patients suffering from contagious diseases being treated in a general hospital, because the diseases they suffer from are not likely to be carried by neglect or carelessness to other wards. That is a class of infectious disease, you know, but ordinary pyrexia diseases and catching fevers I do not think should be treated in a general hospital.

1082. This would you propose that there should be a special hospital for the treatment of these fevers?—Yes; I think confining people to Cork-street or the Hardwicke would be the proper course to adopt. It is not so convenient, I know, but for health purposes it is the proper thing to do.

1083. Mr. KENNEDY.—But the Hardwicke, you know, is quite close to the Richmond Hospital?—I know; but the principle is illustrated there of having separate buildings, and for the time being there should be separate offices, except the governors. The physicians even should not go from one to the other.

Mr. Charles  
 E. Martin.

Mr. Charles E. Martin, one of the Governors of the House of Industry Hospitals, said—I wish to make one or two observations relative to the evidence given by Mr. Becker and Dr. Thomson, in which they contradicted the statement made by me at a former sitting as to their desire to carry out certain changes in the

nursing system of the institution by introducing a lady superintendent and a trained staff under her. I have examined the minutes of the Board as far back as 1876, and I found a correspondence which then took place on the subject in that year when Dr. Stokes was present in the Board room, being then a member of

the surgical staff at the Richmond. There was a letter received from Dr. Gordon in these words:—

"Richmond, Whitecourt, and Hardwicke Hospitals,  
"North Brunswick-street, Dublin,  
"31st day of November, 1878.

"Sir,—I am requested by the physicians and surgeons to submit to the Board of Governors the enclosed letter from the Nurses' Training Institution, Dublin, and a copy of the reply which has this day been sent, and I am at the same time to state that the surgeons desire to express their opinion, that there exists a great necessity for reform in the system of nursing in the Richmond Hospital.

"Yours faithfully,

"SAMUEL GORDON, Physicians and Hon. Secretary."

And the enclosure included a series of letters from Mr. Thomas Cooke French, who was Honorary Secretary of the Dublin Nurses' Training Institution, from which I read this one passage:—

"Having understood the Board of the Richmond Hospital might be willing to enter into an arrangement with the Dublin Nurses' Training Institution, the Committee of the latter have desired me to communicate to you their readiness to undertake the nursing on terms kindred to those which have existed between them and Sir Patrick Dun's Hospital for the last nine years. This would involve as its main feature the providing and paying by the Institution a lady superintendent of nurses, to whom apartments and salaries should be supplied by the hospital, and whose duties should be entirely distinct from those of the nurses. She should have entire control of the nurses."

The matter was again discussed at the Board, I find by the minutes on the 14th September, 1878, and Mr. Stokes was also present, but the matter was postponed until the return of Lord Monck. I cannot find

any further entries in the minutes with reference to the subject, but I have a distinct recollection, and I can be borne out in this by others, that I undertook myself to inspect the nursing at Sir Patrick Dun's Hospital and report to the Board, and that in fact I did report to the Board my opinion as to the proposed change. I failed to see Miss Beresford who is practically attached to Sir Patrick Dun's although connected with the house in Holles-street; but the result of my inquiries there was, that the system would be utterly unsuitable to our hospital. Mr. Stokes evidently has taken up the point that I referred to the Miss Beresford Sisters, instead of calling the nurses by their proper title, which appears to be the Nurses' Training Institution, but it was notorious to every one, and Mr. Stokes must have been fully aware of the fact, that Miss Beresford was the founder of that institution, and the head of it, that she managed him first; and so I remember it was part of the proposal that if we adopted the plan Miss Beresford herself was to come and take up the management of our hospital. Then with regard to Dr. Thomson, he wrote to me stating that I had been in error so far as he was concerned, that he never advocated the introduction of the members of any specific nursing staff, and of course I must apologise for having made mention of his name, and I have written to him to that effect.

1084. Sir RICHARD MARTIN.—Was there any communication with Miss Beresford, or was she brought to the hospital, do you know?—Yes, she was brought to the hospital and by Dr. Stokes as I understand, at all events we were so informed at the time. She inspected the hospital. Of course I was not there.

Surgeon Edward Hamilton, M.D., examined by the CHAIRMAN.

Surgeon  
Edward  
Hamilton

1085. Dr. Hamilton, are you one of the Surgeons to St. Steven's Hospital?—I am, sir.

1086. And you are an ex-President of the Royal College of Surgeons?—Yes.

1087. Are you satisfied with the system of nursing in your hospital?—I am, I think it is perfect—at least, as perfect as any nursing system can be. We have a most intelligent Lady Superintendent. She is most active and indefatigable in her work, and I think we have some of the best nurses in the world. I am confident that I could produce at St. Steven's as good nurses as are to be found anywhere.

1088. Will you tell us how many beds are assigned to each day nurse?—Well, the arrangement is this—there are, say, from thirty to thirty-six patients, and these would be administered to by a head nurse, who has been thoroughly trained, and who is thoroughly competent. Under her she would have two probationers undergoing training—a night nurse and a ward maid, or, in case of accidents, two.

1089. What is the religion of those nurses?—I don't know—we never inquire; but judging from the fact that they come principally from Mrs. Brown's Nursing Institution, I should say that the majority of them are Roman Catholics.

1090. But you don't inquire at all as to their religion?—The question is never asked, I believe.

1091. How are your night nurses appointed?—They are appointed by the Lady Superintendent—she has the appointment of all the nurses—of course subject to the control of the Board.

1092. I suppose you saw in the public press reports of our proceedings here, and that in regard to another hospital they are in the habit of putting on their most inefficient nurses at night. Is that the case with you?—No. It is a thing I have been long trying to reform—the system of night nursing. It was very bad.

1093. In your hospital?—Yes. Formerly there was only one night nurse, and perhaps she would be an old woman, who went to sleep in a corner, leaving the patients without practically any attendance; and of course great risks were run in that way. Then

when this new system was introduced, I pressed very hard that there should always be a night nurse for each five. I worked very hard at the matter, and the result is that we have now, as I have already stated, one night nurse to each six nurses.

1094. And you are satisfied with the system of nursing now?—Yes, perfectly satisfied.

1095. How long is it since it was brought into this state of perfection?—Only within the last few years—since we adopted the new nursing system.

1096. You were in the room when Dr. Grimsbow was being examined, I believe?—I was.

1097. Was there not a memorial presented to the Board by the members of the medical staff in which they strongly urged the appointment of Dr. Warren. You heard that referred to just now by Mr. Kennedy?—I did, and there was such a memorial presented.

1098. Do you remember whether it was stated in that memorial that his appointment was absolutely necessary, or at all events very essential, if the Governors were to look to the continued existence of the school then attached to the institution?—It was so stated in the memorial.

1099. Have you a copy of that memorial?—I have, sir. (Document produced.)

Dr. MILLER read the memorial as follows:—

"Statement by the MEDICAL GOVERNORS to the BOARD of GOVERNORS of Dr. STEVEN'S HOSPITAL.

"We beg to recommend Dr. E. W. Warren for the vacancy caused in the hospital by the lamented death of Dr. Hooley, and we beg respectfully to submit the grounds on which we make this recommendation. Dr. Warren having been completely educated at St. Steven's Hospital, we have had the fullest opportunity of estimating his qualifications for the office. He has been a most distinguished student—in professional attainments one of the highest order, and his moral and social character unimpeachable. As a resident surgeon he discharged his duties in the most exemplary manner, to the perfect satisfaction of the medical officers. He has also filled other appointments under the Board with great credit and efficiency. Dr. Warren is senior of those who have filled the post of resident surgeon, and he is fully capable of undertaking the lectureship, vacant by the death of Dr.

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Nov. 3, 1893.

Surgeon  
Edward  
Harrison.

Bookley—*one* which is essential to the carrying out of the medical school, and for which it is difficult to obtain a competent lecturer. Dr. Warren has gained for himself the confidence and esteem of the class; and we know from experience he is a colleague with whom we can work harmoniously. The Medical Committee earnestly desire a distinct expression of opinion from the Board on the following subject: In the present crisis, we beg respectfully to address a few remarks to the governors respecting the Medical School, seeing that it is impossible to carry it out without the cordial co-operation of the governors, and as there would appear to be on the part of some members of the Board an impression that the school is an injury to the hospital, and should, therefore, be abandoned, we most anxiously seek a definite expression of opinion from the Board on this matter, so should they so desire, we are prepared to close the school as soon as the necessary arrangements for doing so can be carried out; and we would be inclined to regard with satisfaction a determination of the Board, which would relieve us of the labour and drudgery of school work. We must, at the same time, remind the Board of the responsibility which they and we must bear in this determining on the extinction of the school—a responsibility no less than the actual loss to the hospital of a portion of its revenue, at a time when its finances are much crippled—and further than this, the more than probable withdrawal of the entire Government grant, not only from this hospital, but from every one of the Dublin hospitals which receive State aid. This annual sum, thus discarded by the government, would be as eagerly sought for by other hospitals as to open the entire question in Parliament, and probably lead to the total extinction of all grants to the Dublin hospitals. A Select Committee of the House of Commons, in 1854, sanctioned the continuance of the grants to the Dublin hospitals, "as well on the grounds of medical charity as of clinical instruction." And in 1865 the Lord Lieutenant of Ireland expatiated a Commission, of which our respected Governor, Lord Talbot de Malahide, was a member, in respect as to how the grant should be distributed. They made the following recommendation respecting St. Stephen's Hospital:—"The grant which we recommended for this hospital is £1,500. The sum recommended by the Select Committee of the House of Commons was £1,000 only. The grounds on which we have thought ourselves justified in submitting this increased grant is that of securing the establishment of a medical school—on object so much insisted upon in relation to these hospitals, and for which this hospital especially offers so many advantages. We have reasons for believing that the government of this institution are alive to the importance of this subject, and are not inclined to second our views. A plan, which has been carefully prepared by Mr. Smith, is annexed, to which we respectfully invite the attention of your Excellency. We conceive that plan to be well calculated for effecting the object in question. It will be necessary, in furtherance of this plan, that twenty additional beds should be provided for fever cases. Some addition to the medical staff will also be necessary." The Board acceded to these terms, and on this understanding accepted the grant, and have been ever since in the receipt of it. Previous to the establishment of the school, the great resources of your hospital, as a field for clinical instruction, were utilised by a very small number of students, owing to its situation, remote from the existing medical schools, and the hospital hardly filled the second of the conditions on which the grant was made. On the increased grant thus allotted to St. Stephen's Hospital on the faith of its maintaining a complete medical school, a portion is expended on the maternity department, but this must be regarded rather as a part of the charity than of the educational system—and a part of the charity which has always received a large amount of public favour and sympathy. The Rotunda Lying-in Hospital at the north, the Convent at the south, and the Maternity of St. P. Dun's at the east side, provide for the districts in which they are situated; but for the western part of the city, in which St. Stephen's Hospital is situated, extending to Enockmore, Kimmage, and Golden Bridge, densely populated by the poor and straggling class, no such provision existed until our maternity was established; and that it is doing useful work may be gathered from the fact that 200 poor women were received in their hour of travail within the past year. This work of charity must be relinquished if the school is abandoned. A small amount is also spent on the maintenance of the museum; but this is solely the property of the governors and is an absolute necessity for the proper working of the hospital as a public charity, if the medical officers are to keep pace with the daily progress of scientific medicine and surgery. Without the school the hospital must suffer from the want of properly qualified doctors for the service of the patients, as well as the wholesome criticism which a large class of students must exercise over the vigilance and cure with which the medical officers discharge their duties in the wards.

In conclusion, we beg to assure the governors that we are actuated solely by a desire to render our three-hundred hospital as serviceable as possible to the public, and to extend its sphere of usefulness to the widest possible limits, not only as a noble public charity, of which we are justly proud, but what is of even wider interest to the community at large, a vast field for the cultivation of chemical medicine and surgery, and the advancement of science. The Educational Department cannot be successfully carried on without the cordial co-operation and support of the Board of Governors, and we are of the unanimous opinion that, if this support be not extended to us, the school should be at once abandoned."

1100. The CHAIRMAN.—You signed this yourself?—Yes, I did.

1101. And it is also signed by Dr. Robert McDonnell?—Yes.

1102. And by Mr. Collins, who is surgeon to the Queen?—Yes, and also by Mr. James Laddell.

1103. You said in this memorial, I observe, that the grant to the hospital was given, to some extent at all events, because of its services to medical education?—The difference between £1,000 and £1,500, which is £500, was given for the purposes of the elementary school; but beyond the elementary school there is clinical education which is a different thing altogether.

1104. Now, do you consider that the selection of the board in this case as to be held responsible for the collapse of the school?—Oh, unquestionably, I think so. What occurred was simply this—we had at the time a very distinguished student, the late Dr. Bookley, who succeeded to the place I held in the school of the hospital. He was a most efficient man, both as a lecturer, clinical teacher, and as a private teacher. On his death we were left on our hands, and the only man we could fall back upon capable of suitably supplying his place was Dr. Warren. We certainly did think that, especially when there were two vacancies to be filled, the Governors might have given us one for Dr. Warren, and if that had been done the school would be in existence now I have no doubt. These are simple facts.

1105. There is a paragraph in the memorial, which is dated I see the 26th of January, 1889, in which you say "Without the school the hospital must suffer from the want of properly qualified doctors for the service of the patients, as well as the wholesome criticism which a large class of students must exercise over the vigilance and cure with which the medical officers discharge their duties in the wards." Has that come true?—Most true, sir. Frequently I am obliged to dress my own cases—I had not a single pupil to go round with me, and if it was not for the splendid nursing system which now exists in the institution I do not know how we should get on.

1106. Mr. HODGINS.—I think you were present when I examined Dr. Grimeshaw?—I was not present during the entire time of his examination, but I heard the greater part of it I think.

1107. Do I understand you as dissenting from Dr. Grimeshaw's statement that in his opinion the £1,000 of the total grant of £1,500 was given by the Government for services rendered by the hospital and not for the benefit of all of clinical instruction?—It was originally given for specific services rendered, but its continuance, as recommended by Dr. Smith's Committee, was, I think, for the purpose of medical education.

1108. And especially bedside instruction?—Yes, and in order to develop that instruction, or make it better, Dr. Smith's Committee further recommended the establishment of a theoretical school in order that pupils might be taught there, and then have the two branches combined—occupying on their theoretical studies in the school, and obtaining clinical instruction in the wards of the hospital.

1109. Mr. HODGINS.—Then we are quite in accord as regards our views of the £1,000, part of the grant.

1110. Mr. AMESBURY.—In reply to one of the questions (26) put by the Commission, namely—"Did any and if so which of the members of your professional staff



receive remuneration from the funds of the hospital," you say, "One consulting physician, one consulting surgeon, two visiting physicians, three visiting surgeons (a small allowance for each), resident surgeon and apothecary?" Can you give us, Dr. Hamilton, the details of that remuneration?—Well, my functions are altogether connected with the surgical treatment of my patients, and I have nothing to say to the management of the hospital internally, although I have been twenty-five years there now; but the senior consulting physician receives £30 a year, and we all receive what has been left by the will for each, namely, £9 6s. 6d. per annum. It was old currency—a special bequest for each made in Dr. Steevens' will.

1111. Then the consulting surgeon?—He gets nothing.

1112. It is stated here that he does?—He gets the medicine too, but that is all I think.

1113. That is not the way the query is answered here. It is—"One consulting physician, one consulting surgeon, two visiting physicians, three visiting surgeons (a small allowance for each), resident surgeon and apothecary?"—I think that answer should not be read in any other way than that they all get a certain sum for each, according to the special bequest, and that the senior consulting physician gets a sum of £30 a year; I think that is the amount.

1114. Could you tell us what the qualification of the lady superintendent of nurses is?—Our present lady superintendent has been thoroughly trained in the hospitals in England—in London. I think she was trained at St. George's Hospital; and then, before she came to us, she had been doing duty at some of the other Dublin hospitals. But at all events she is a thoroughly trained nurse—trained as the hospitals in London require.

1115. Sir RICHARD MARTIN:—As to the other nurses, are they certificated also?—Our head nurse must be; the head nurse, who has charge of each batch of probationers, must be a thoroughly qualified and trained nurse, and I believe, as a general rule, she has been trained in the hospital; because we train a great number of nurses in the hospital now. But the head nurses are properly and thoroughly trained.

1116. Well, the other nurses, when they are qualified, do they give them certificates in the hospital?—I should think that they would get a certificate from the lady superintendent when sufficiently trained—that is, after three years. I think they must be three years in training before they are considered qualified. Then I think they can get a certificate from our lady superintendent, when they would probably go into the Nursing Institution, under Mrs. Brown's superintendence.

1117. And is your lady superintendent permitted or authorized to give certificates as to the qualification of nurses without their being endorsed by the Medical Staff?—Well, the question has never arisen to my knowledge, but I don't think it would be necessary that any of the surgeons should endorse the certificates of a nurse. At all events I never signed one, nor was I ever asked.

1118. Dr. Hamilton, what was the size of the class you had when the school existed there—what number of students?—Well, we had seventy-five students at one time.

1119. And did they pay fees?—They did.

1120. And did any portion of these fees go to the hospital?—No; they went to the medical men altogether.

1121. And there are now I see only 63 students;—That is the average daily number of students actually attending the hospital for the last three years; but I should say the dressings are now all very well filled up.

1122. And what are they now?—The dressers are pupils from other hospitals and other schools, who come there to learn the use of their hands, in fact.

1123. And do they not pay fees?—They do—they pay a fee which covers the hospital attendance, if they require it, and lately we have had a good number of these. At one time they fell off, and, as I told you already, I have had to dress my own cases myself, but now they are coming in in greater numbers.

1124. And are these men who are attending other schools?—They have probably attended for the first two or three years at some other school, and then they come to us, having greater opportunities of learning practical work, our class being small. They are coming now in larger numbers.

1125. Mr. KENNEDY:—Dr. Hamilton, do you think it would be a judicious thing to build an hospital so near Steevens' as Dr. Jacob suggested—somewhere about Bridgefoot-street?—Well, I think it would be a great calamity if this opportunity was lost of providing a great general hospital for the West Dublin district, as I have seen it called—a national calamity I should regard it.

1126. Do you not think that a new hospital in proximity to Steevens' Hospital would be, to a certain extent, prejudicial in its usefulness?—But you must not build a new hospital there, and leave Steevens' standing. That is not the proposal.

1127. No, it was proposed by Dr. Jacob to extinguish Steevens', and to build a new hospital somewhere about Bridgefoot-street?—And that is my idea too.

1128. But how can you abolish Steevens' Hospital, and reject all these buildings for which so much trust money has been expended—it would be an enormous sacrifice?—That is the difficulty—what is to be done with the building; but the question is too large a one, in my mind, to be stopped by any such paltry consideration. A large general hospital is wanted for that district of Dublin—clearly it can only be got by amalgamating certain existing institutions with their endowments, and the mere cost of a pile of bricks and stone should not prove an insurmountable barrier in our way.

1129. Suppose there was not an amalgamation of Steevens', and the House of Industry, and Cork-street—that is what you refer to, is it not?—Yes.

1130. If there was not, you would not be in favour of erecting an entirely new hospital in the neighbourhood of Bridgefoot-street?—Oh, no.

1131. Do you hold the opinion that Dr. Grimsbow expressed—that it is not consistent with good treatment to have fever cases in a general hospital?—For clinical purposes it is considered desirable, I know.

1132. But from the other point of view, and having regard to the public health?—Well, if the amalgamation could be carried out, I think there should be but the one fever hospital—Cork-street—where men should get all their instruction in febrile diseases, and they ought not to take it till advanced in their student life, for my experience is that fresh young men going among fever cases are most likely to contract fever. I do not know how it is, but we seem to get hardened as we grow older, and I would advise that students should take fever in their last course. However, in my opinion, it is not well to have fever scattered up and down—five or six cases in one hospital, and five or six in another—it is exceedingly dangerous.

1133. Then I understood you to say that, in the event of amalgamation, Cork-street Hospital should remain intact?—Oh, yes.

1134. And that the three other hospitals—the Whitworth, the Hardwicke, and the Richmond should remain intact?—No. I think if there was a large general hospital of, say, 300 beds built there, as an amalgamation between the House of Industry and Steevens', it would be a very grand thing for the city of Dublin—a grand thing for the poor of Dublin, and a grand thing for the reputation of Dublin as a school of medicine.

1135. In the event of a new hospital being built, would you adhere to the present system of electing Governors and the staff, or would you wish to see the

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Blackburn.

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staff more in harmony with popular opinion, and more generous views prevail on the Board as to the admission of members of a different religious persuasion—I will say it, of the same religious belief as the majority of the people—I would. And my idea with respect to appointments in such a general hospital as I would wish to see erected would be this—the earlier appointments should be made by consent. The best men should be elected to fill all appointments, and that should be determined—who is the best man—by examination before some properly qualified medical board. Then I would have a system of seniority afterwards carried out, and if the senior man was not—in accordance with the opinion, I should say, of medical men—those best qualified to judge—deserving of the promotion, I would take the next in rotation. If a man once elected did nothing wrong—if he did he should be displaced—and if he kept fairly abreast of modern advancement—if, in fact, he was entitled to promotion, I would promote him step by step according as vacancies occurred.

1136. When you say that the board of examination which you suggest should be a medical board, how would you propose that it should be constituted in the beginning—would you select it from the boards of these hospitals which, I must say, are exclusively Protestant, or make it representative of the people at large?—Well, I quite agree that a board representing only one shade of religious opinion—whether Protestant, or Roman Catholic, or Presbyterian—would not gain the confidence of the public.

1137. Therefore you would have your proposed board to consist fairly of Roman Catholic practitioners and Protestant practitioners?—Certainly. I would like that a board should be selected such as would please the public. I would place it in the hands of the College of Physicians or the College of Surgeons, or both jointly. They could be appointed a court of examiners, and tell the governors what men they found best qualified after examination for these junior posts.

1138. You have read the evidence of Sir Dominic Corrigan given before Dr. Smith's Committee, in which that system of examining men a second time after they had taken their degrees was considered?—Yes.

1139. And you know that he was strongly against any re-examination, so to speak?—Yes; but times have changed since Sir Dominic Corrigan expressed that opinion. If he were alive now I doubt if he would adhere to it. Besides, we find that competitive examinations are now adopted in a great many cases.

1140. But there are other than merely professional qualifications to be considered in the selection of a candidate for an hospital appointment—character, probity, morality, status in life—and why should a medical board be exclusive judges of these things?—I don't say that it should. The lay board should, perhaps, be the judges of who should be put on the list of candidates in the first instance. A man's character should be impeccable, and possibly the lay governors should deal with that, being advised by the medical board as to the professional merits of the several candidates.

1141. Then I understand you to recommend that the board should not be exclusively medical, but a board consisting partly of secular and partly of professional gentlemen?—Yes.

1142. The latter to advise the general body as to the professional qualifications of the several candidates, but the entire board to appoint?—That is my idea.

1143. Mr. Hume.—Where, Dr. Hamilton, would you like to see this new hospital erected?—Well, there was a site close to Christ Church Cathedral, where there was a printer's establishment, or just beside the Synod Hall. That was the locality that occurred to my mind as the most suitable. We cannot go very far from our original position, because we have a large

district lying west to look after—a district in which accidents on the railway, and in these numerous breweries, distilleries, and manufactories so frequently occur. But somewhere about Christ Church would be conveniently central, I think. There are a number of old houses and buildings at the back of the Synod Hall that might be got, and that, being an elevation, would provide an admirable site for an hospital. If we established a general hospital there we would want no school connected with it, because we would be sufficiently near to get pupils from all the elementary schools. Of course, that is a thing that might be taken into consideration, but at the same time we must take care that we don't go too far from the centre of the district the amalgamated institution would be intended to serve. That is the reason why I thought of that site just behind the Synod Hall at Christ Church-place.

1144. Now, supposing such an hospital was built, having 500 beds, would you not say that it would take the place not only of Stevens' and the House of Industry Hospitals, but also of Mercer's and the Meath?—I would hardly go so far as that. The Meath Hospital, you know, is a good long way off, and intercepts a good deal of the suburban work—from the south side, Rathfarnham, Rathgar, and off in that direction. I don't think it would interfere with that.

1145. But you would include Mercer's?—I would not touch it. Indeed, I have not thought of displacing any of the other hospitals at all.

1146. The new hospital, then, in your opinion, should only include Stevens' and the House of Industry?—Quite so—the Richmond and Stevens'.

1147. But if you had a large general hospital in the locality you suggest, built according to the most approved plans and equipped with all the modern appliances, surely it would take people away from Mercer's and the Meath—people would prefer going to the new institution?—It would be a long way to bring a street accident from Stephen's-green, say, to Christchurch-place; but I never contemplated the extinction of any other hospitals. My idea was that the House of Industry Hospitals and Stevens' should be amalgamated, and a really good general hospital erected to serve that West Dublin district. It is quite possible, however, that if the new hospital were put at Christchurch-place, it might render Mercer's unnecessary.

1148. If the House of Industry Hospitals ceased to exist in their present position, would you not say that the Mater and Jervis-street are sufficient to supply the hospital wants of Dublin north of the river?—I do—I think they would be sufficient for that purpose.

1149. I suppose you are aware, Dr. Hamilton, that in Edinburgh there is only one general hospital—the Royal Infirmary?—Yes.

1150. I don't know whether Edinburgh covers so great an area as Dublin does?—I don't know either, but the hospital accommodation for Edinburgh is one bed to 130 of the population; in Dublin it is one to 200, and in London one to 620.

1151. If such a system as you would like to see introduced with regard to the appointments to resident surgeons and resident physicians in hospitals were introduced, would you not say from your knowledge of medical students in Dublin that the Catholic gentlemen would hold their own in any competitive examination?—Certainly they would. I don't see that a man has more brains from being a Protestant.

1152. Certainly not; but I referred to the fact that given to our Roman Catholic fellow-students?—Quite so, I am sure they would hold their own if the system of appointment which I have suggested was carried out. The Commission adjourned till next day at half-past twelve o'clock.

TUESDAY, 3RD NOVEMBER, 1885.

Nov 3, 1885.

The Commission met in the Privy Council Chambers, Dublin Castle.

Present:—Sir ROWLAND BLISSKEENHASTY, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARBUTHNOT HOLMES, and Mr. RICHARD OWEN ARMSTRONG, J.P.

The Secretary (Dr. MYLES) was in attendance.

Dr. MYLES having read the minutes of the previous sitting, the examination of witnesses on behalf of the Meath Hospital was proceeded with.

Mr. Francis PERCIVAL called and examined by the CHAIRMAN.

Mr. Francis PERCIVAL

1153. You are Registrar of the Meath Hospital?—I am.

1154. And you have furnished us with this table of statistics?—Yes—I furnished the Commission with replies to the queries sent to the Meath Hospital by your Secretary.

1155. You were the person who saw the answers to our queries made out?—Yes, I filled in the answers by directions of the Board.

1156. And the Board saw and approved of those answers, I presume?—Yes, they were submitted to the Board before being sent here.

Mr. WILLIAM McCORMACK examined by the CHAIRMAN.

Mr. William McCORMACK

1157. Mr. McCORMACK, you are a member of the Board of Management of the Meath Hospital—the Standing Committee?—Yes.

1158. Your hospital is managed by a Board of Directors?—It is.

1159. But I see that by your Act of Parliament provision is made for both annual and life Governors?—Yes, and there is a meeting each year of the annual and life Governors, at which meeting twenty-one persons are elected by ballot to form a Standing Committee for conducting the affairs of the hospital during the ensuing twelve months.

1160. What constitutes a life governor?—A subscription of £21 to the funds of the hospital.

1161. In answer to query number ten, which was—“Are the hospital accounts duly audited at the end of every financial year; and if so, by whom?” It is stated—“Yes—by two Governors of the hospital”—Why not by a public auditor?—It has never been the practice so to audit the accounts. Two members of the Standing Committee are appointed to audit them. There is a fortnightly audit of all the accounts—as they come before the committee, and then there is the yearly audit by the finance committee conducted as I have stated.

1162. But don't you think it would be more satisfactory to the public if you had a public auditor of accounts?—It might be so.

1163. What is the amount of your grant from Government?—£800 a year.

1164. And will you state the grounds upon which that grant was originally given?—As far as I know it was for the maintenance of thirty-six beds for fever patients.

1165. Was that before the Cork street Hospital was built, or was it given for the purpose of clinical instruction in fevers imported in your hospital?—I believe it was originally given as far back as 1829—I don't know the precise date.

1166. Do you think there is a necessity now for the existence of fever beds in your hospital exclusive of their use as a means of clinical instruction?—I think they must be very useful for clinical instruction.

1167. But exclusive of that use, I ask?—I think it is a most valuable thing to have fever beds in connection with the hospital, particularly as we have observation wards in which doubtful cases are put when admitted.

1168. Then you are distinctly of opinion that the existence of these fever beds is a necessity in your hospital?—They have been found to work very well.

1169. When vacancies occur in your visiting staff I suppose the places are very eagerly sought after?—

You mean vacancies in the medical and surgical staff, I presume.

1170. Yes?—In my time no vacancy has occurred that I remember.

1171. How long have you been a member of the Committee of Management?—Seven or eight years. Now that I remember, I think Dr. Hepburn was elected since I became a member of the Standing Committee.

1172. You could not tell us, from your own personal knowledge, upon what grounds selection is made from amongst the candidates who offer for vacancies on the medical staff?—For my own part I would say that the best man should be selected—the most desirable man.

1173. Do you think that a person having been a former pupil of the hospital is a fact that ought to be taken into consideration?—I think it might be desirable—he would know pretty well the working of the institution. But I have not given that matter much consideration.

1174. You would not think that it would have a tendency to make the hospital run in a groove—recruiting from itself?—I believe that Dr. Hepburn, the only member of the staff appointed in my time, was not a pupil of the hospital.

1175. Mr. ARMSTRONG—How many life governors have you, Mr. McCORMACK?—We got thirty-nine new ones last year. I cannot answer that question—perhaps the Registrar could.

1176. But you got thirty-nine new twenty guinea governors last year?—Yes.

1177. And that goes into the general fund of the hospital?—It does. Our subscriptions and donations last year amounted to £3,500, in round figures.

1178. Have you given any consideration to the subject of a capitalisation of the Government grant, so as to get a bulk sum rather than an annual payment?—I have not.

1179. The CHAIRMAN—I forgot to ask you who selects the medical staff?—I think the Medical Board has the selection of the staff.

1180. Mr. ARMSTRONG—In the report of Dr. Scott's Commission attention was directed to that subject, and the committee, in their report, state their opinion that “it would be desirable that some alteration should be made in the system now practised, by which medical officers are elected by each other.” Was no alteration made consequent upon that recommendation?—We are guided by one special Act of Parliament, and we are directed by that Act, as I remember, to proceed in a certain way.

1181. Sir RICHARD MARTIN—Your nursing staff

See 1188A.  
Mr. Woffen.  
Mr. Conna.

s under the control of a lady superintendent, I observe.—Yes, under a lady superintendent who is herself a trained nurse.

1182. And are the other nurses certificated nurses also?—Well, we are gradually getting them all into a state of training. Some years ago the nursing was very defective, but within the last few years it has been greatly improved.

1183. Has the lady superintendent the power of appointing and dismissing the nurses?—She has the sole control over the nursing, I believe. She reports to the Standing Committee, and the Committee have the power of vetoing or approving her appointments, or rather her selections.

1184. And what salary has the Lady Superintendent?—She has £200 a year.

1185. Have the nurses in the fever wards higher wages than those in the other wards?—No; not higher.

1186. The CHAIRMAN.—I see by the returns that the gross average annual cost per bed is £50 6s. 7½d; the average annual cost per bed for maintenance of establishment £35 18s. 6½d, and the average annual cost per bed for management 25 4s. 11d.—does that not contrast very favorably with some of the other hospitals in Dublin?—I believe it does.

1187. Mr. KINCROFT.—Mr. McConna, might I ask this question; you said there has been but one vacancy filled in the medical staff since you became a governor?—That is my belief. If you will allow me to look through the list I will make sure. Yes, Dr. Foot, Dr. Moore, Sir George Porter, Dr. Wharton, Surgeon Smyly, Dr. Rawdon Macanena, and Surgeon

Conna were all at work there before my appointment on the Standing Committee.

1188. And since you joined there was but one vacancy filled, so that your memory served you might?—Yes; Dr. Hepburn alone was appointed during my time.

1189. May I ask did you, or any other lay member of the Board, take part in inquiring or investigating what the claims of the candidates were at the time that Dr. Hepburn was elected?—I think we came to the conclusion that he was the most desirable person to appoint.

1190. But I thought you said, in reply to the chairman, that the Medical Board elected to vacancies on the staff—do I understand now that you had an opportunity of voting on that occasion. Surely you remember whether you voted for Dr. Hepburn or not?—Well, it is so long ago I cannot remember it.

1191. Do you know whether a lay member of the Board has any right to interfere in the election of the medical staff?—I am not prepared to answer that question.

1192. Suppose that you were prepared to answer, what would your wish be in the matter?—Well, I think it is very desirable that there should be unity of opinion between the Standing Committee and the Medical Board.

1193. That is just what I would expect you to say; and for that purpose of course you would like to see both parties having the right to vote—the Standing Committee of the Board as laymen, and the Board of Medical Governors?—I don't think there could be any objection to that.

See George  
Porter, p. 118A.

Sir George Porter, B.M.C.S., examined by the CHAIRMAN.

1194. Sir George, you are senior surgeon to the Queen in Ireland?—Yes, I am, sir.

1195. And surgeon to the Meath Hospital?—And senior surgeon to the Meath Hospital.

1196. Now, the ground upon which this Government grant was originally given, you say in the returns given to us, was for the maintenance of thirty-six beds for fever patients?—Yes, I believe so.

1197. Was it not also for the purpose of having clinical instruction in fever?—I think chiefly.

1198. You think it was given chiefly for that?—I think so.

1199. And do you think there is necessity for the continuance of the fever beds in your hospital exclusive of their use in clinical instruction?—Oh, I think they are very important. A poor fever patient being sent in from the County Dublin to us is very important to have a bed there. We are the County Dublin Infirmary—I suppose you are aware of that.

1200. It was stated yesterday by one of the witnesses—Dr. Edward Hamilton—that he would be in favour of concentrating all the fever patients in one hospital in Dublin—would you subscribe to that opinion?—Well, I think there could be no objection to it.

1201. There could be no objection to it, you think?—No.

1202. Are you satisfied with the nursing arrangements of your hospital?—I think they are very good now.

1203. Have they recently undergone reform?—Yes, recently. We have now a trained lady superintendent, and with the exception of one of our old nurses, I think all now have received training.

1204. Where do you get your nurses from?—The lady superintendent gets them.

1205. I see. It is stated in answer to one of our queries that you received 2,439 external accident patients during last year; I suppose a good number of those accident cases were of a trivial nature?—Oh, a good number were of course, but a very considerable proportion were serious cases. We are located in a very poor part of Dublin.

1206. You could not state approximately the number of accident cases that were admitted and retained in the hospital?—I could not at present state that.

1207. We could get that information from the Registrar, I suppose?—Yes, we have an accident book and that could be told, sir, accurately.

1208. Now your physicians and surgeons are elected by the existing medical staff, are they not?—They are. The Meath Hospital exists under a special Act of Parliament, and the £100 a year granted by the Treasury to county infirmaries, the medical staff give back to the institution for the right of appointing to vacancies.

1209. Is there any money transaction in connexion with the selection of your staff?—I don't know what you mean, sir, by that.

1210. Well, have they got to pay in any way on election to fill a vacancy in the staff?—I never knew of an instance of a surrogacy being bought, but I have known instances of men paying for a physicianship.

1211. What considerations influence the medical staff in selecting a candidate for the Board?—We look for the best man.

1212. Of course, but how do you come to determine?—Well, a great many of the surgeons and physicians were educated by themselves, and of course we know more about their private character and their qualifications as medical men than laymen could.

1213. And also, would you take into consideration experience and reputation?—Certainly.

1214. Both as a medical man and as a teacher?—Oh, certainly.

1215. And have you always been guided, do you think, exclusively by those considerations?—So far as I know, sir, strictly. I know that personally I have been.

1216. Then do you consider, apart of course from yourself, Sir George, that candidates applying for a vacancy on the staff in your hospital, whether they were rich or whether they were poor, or to whatever firm of religious persuasion they belonged, would all have alike fair play?—Indeed I do. I think it would

all depend upon whether we considered them highly qualified medical men, and men of good character.

1217. You said, I think, that the fact of a candidate having been a former pupil in the hospital was a matter you considered in making selection?—It would weigh with me very much.

1218. And don't you think there are objections to that?—Well, I cannot see any, sir.

1219. For instance, a new surgeon having been the pupil of the pre-existing one, would that not tend to make the hospital rather stereotyped?—I don't see how that could be anything but advantageous to the hospital. We are supposed to know the character and qualifications of our own pupils better than a layman outside can.

1220. Mr. ANNETT.—As a matter of fact, Sir George, do the medical staff elect each other without any interference on the part of the lay members of the Board?—The lay Board, sir, has nothing whatever to do with it, we have the sole right of appointment for which we pay back £100 a year to the institution. That is given to us by Act of Parliament, and we surrender it for the right of appointment to ourselves on the staff.

1221. Would you describe the qualifications of your lady superintendent, how and where was she educated or trained?—Oh, she was educated in hospitals in Liverpool and Cork. She is very highly qualified.

1222. What is the nature of the education, do you know?—Well, they have to attend lectures given by a medical man, and they are instructed in the management of the sick bed, the making of the bed, and all the different appliances to render a sick bed comfortable. And they are taught also how to administer different sorts of medicines.

1223. Have they a certificate or diploma of any kind?—Yes, they get a certificate from the hospital in which they have been trained.

1224. Now, what payments are made by the pupils attending your hospital?—The pupils pay twelve guineas a-year, I think it is—for the twelve months' instruction.

1225. And does that go to the funds of the hospital or to the medical staff?—It goes to the surgeons and physicians for teaching them.

1226. Have you considered at all the subject of a capitalisation of the Government grant?—Well, I have not given it much consideration, but I don't think there could be any great objection to it, sir.

1227. Sir RICHARD MARTIN.—Is there any hospital in Dublin which trains nurses?—We are training now, you know, sir, and, I think, most of the hospitals do. I am sure that St. Stevens' does, and, I think, most of the others also.

1228. I understood you to say that you had to get your lady superintendent from Liverpool or Cork?—Yes—our lady superintendent was trained in hospitals there.

1229. And is there no place in Dublin where a lady superintendent could be trained?—I think when we get her, there was not.

1230. Mr. HURRIS.—I observe the names of some of the medical men on the standing committee, your medical staff don't go on the committee as officials?—No, we must be elected at a meeting of the governors of the hospital; has the custom for years been to have the senior physician and the senior surgeon on the standing committee.

1231. That is what I was looking at, but I don't see the senior physician's name on the list—there are surgeons on it, but I don't find the name of either of the physicians?—No, I think Dr. Stokes was the last on it, but there is nothing to prevent our senior physician joining the committee if he desired.

1232. Is that Dr. Foot or Dr. Moore?—Dr. Foot is our senior physician, and he may not have expressed a wish to be on the Committee.

1233. With reference to the fever cases, are your wards quite separate from the general hospital?—Yes,

our wards for infectious cases are in a detached building.

1234. And under different names?—Yes.

1235. Your cooking, how is that managed?—They have a separate kitchen in the detached building, sir, and the nurses cook there.

1236. Do the nurses dine together—for we heard that in the House of Industry hospitals the nurses cooked their own food in their own rooms?—I did not see that reported.

1237. It is so—but do your nurses dine together?—Yes, our nurses dine together with the exception of the fever nurses.

1238. Mr. KENNEDY.—When you say that the medical staff surmounts £100 a year for the privilege of electing one another in succession, to whom does that £100 premium go?—To the hospital.

1239. For the support of beds?—Yes.

1240. And, in return for that, you have the patronage of the medical staff in your hands?—Yes.

1241. And, as a matter of fact, the income derived from the fees of the pupils, which you could not receive but for the capital invested in the hospital?—The fees go into our pockets.

1242. That is what I say—you have the patronage and the income derived from pupils' fees?—Yes—for teaching those pupils.

1243. I think you are a member of the standing committee yourself?—Yes, I have been a member for some years past.

1244. And when you consented to sit at that Board why is it that you would not give it a voice in the selection of the medical staff?—Because the lay members of the Board have nothing whatever to say to it.

1245. That is the status quo, in which you medical men have the power to elect without reference to the lay Board; but, supposing the lay Board did join you in that as you join them in advising as to the general management of the institution?—I don't think, without any disparagement to my lay colleagues of the Board, that they could form as good an opinion as I could as to the qualifications of a candidate for appointment to the position of physician or surgeon.

1246. So that you would not wish to see the existing arrangement interfered with?—I would not—for the sake of the hospital itself.

1247. Dr. Hapburn's appointment has been referred to. He had been a pupil of the Meath Hospital?—No, he had not.

1248. You stated, however, that the sole influence which guided your selection was a desire to get the best man, giving some preference in the case of former pupils?—Yes; and we all know Dr. Hapburn's character in Dublin, and we have known him personally for a long time. But we have elected others as well to the Meath Hospital who were not pupils.

1249. Now before Dr. Hapburn's appointment on the staff, you were aware, I presume, that there was a chance of a considerable sum of money, left by will by a certain gentleman, being diverted to your hospital from Cardinal Cullen?—We heard that there was a sum of money, but we never heard to what hospital it would be given, or that it was diverted from Cardinal Cullen.

1250. But you did hear that there was a condition attached on the part of the testator that Dr. Hapburn should be elected on the staff of the hospital to which the money was given?—I heard that—yes.

1251. And you know that as a matter of fact?—I did very well.

1252. And further, that if Cardinal Cullen lived, he, Cardinal Cullen, would have been the sole distributor of that grant?—No; on the contrary, I understood that Mr. Percell, &c., and Sergeant Sherlock had been equally nominated by the testator.

1253. Sergeant Sherlock retired?—He is dead.

1254. But he disinherited the trusts of the will, and so did Mr. John O'Hagan because he drew the will; but I take it that Dr. Hapburn was recommended to the Governors of the Meath Hospital because those

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was a prospect on the death of Cardinal Cullen of this money being diverted to that institution?—It never was intended so far as I know. No such thing.

1255. But the Medical Board knew that there was a chance, at all events, of this sum of £14,000 or £18,000 being allocated to the hospital that took Dr. Hapson's?—We did know it perfectly well.

1256. Mr. Hapson.—Just one question. The grant of £500 from Government was originally given in 1826 to the hospital on account of certain wards which happened to be then empty being devoted to fever cases, fever being then dreadfully rife in Dublin, to use the words of your monsignor, Dr. Porter?—Yes, sir—what was his name?

1257. Dr. William Henry Porter. I suppose he was a relation of your own?—Yes, sir—he was my father.

1258. I was not aware of that. And the grant was continued on the recommendation of the Select Committee of 1854 on the ground that clinical instruction was given in connection with those fever cases?—Yes.

1259. Now, assuming that arrangements were carried out by which all fever cases occurring in the city of Dublin were sent to a special fever hospital, I presume you would say that you could have no further claim to this grant?—I think we would have a very great claim to it because our physicians and surgeons would still be giving instruction in a thousand medical cases besides fever.

1260. But the grant was certainly continued, as indeed you have admitted, on the recommendation of the Select Committee because of the clinical instruction given in connection with the fever cases?—Well, I believe it was. There was a great deal of fever then. We had tents erected on our grounds for patients, fever was so bad at the time.

1261. The CHAIRMAN.—I want to ask you about another matter. You were a member of the Board when Surgeon Philip Crumpton Smyly was appointed on the staff?—I was.

1262. And what age was he when he was appointed?—Well, I really could not tell you, but he was a very young man. I was a very young man myself when I was appointed.

1263. But you could not tell me what age he was at the time he was appointed?—I really could not, sir.

1264. He was appointed in 1861?—But I do not know what his age is now.

1265. At all events he had not at that time obtained any distinction?—He had most of his qualifications, then, I think. He was not a Fellow of the College at the time, but he had his other qualifications. He was abroad, as I remember, when the vacancy occurred, studying at Vienna.

1266. Is it true that the vacancy was kept open for him to the last day possible?—I could not say that, sir.

1267. He obtained his degree in Trinity in 1860?—That is his M.B. degree?—

1268. And his degree from the College of Surgeons was in 1861?—Yes.

1269. Was it not between those two dates that the vacancy occurred?—I think he was elected to the vacancy caused by the death of my father.

1270. But you could not tell to whether the vacancy was kept open specially for him?—I could not; but I find I was correct in supposing that he was appointed on the death of my father.

1271. What date in 1861 was it?—The month or the day is not mentioned in the report before me.

1272. The reason I asked the question is this—that it has been stated, at least I have heard it stated, that a vacancy was kept open specially for Dr. Smyly to the very last day possible, he being then a very young man.—In 1861?—Well, sir, I was an elector on the occasion, and I don't remember that it was kept open specially for him.

1273. Mr. ARMSTRONG.—This appears in the events of the Hospital—"1861: Professor William Henry Porter, for 41 years surgeon to the Hospital, died, and Philip Crumpton Smyly was elected to succeed him. Francis Byrd, for 35 years surgeon to the Hospital, died, and Rowdon Macnamara was elected in his place."

The CHAIRMAN.—Yes, that gives the year, but I wanted to arrive at the precise date, if possible.

Sir George Porter.—I am afraid that I cannot assist you further.

Dr. L. Hapson  
 Medical  
 Officer,  
 M.H.S.

Dr. L. Hapson Medical Officer, M.H.S., examined by the CHAIRMAN.

1274. You are Visiting Surgeon to the Meath Hospital?—I am, sir.

1275. You have heard the evidence which has just been given by Sir George Porter?—I have.

1276. I don't think it is necessary, therefore, to repeat the questions verbatim—do you agree or disagree with what has fallen from him?—Well, we generally agree together.

1277. Are you satisfied with the nursing arrangements of your hospital?—Perfectly satisfied; I think it is the best in Dublin.

1278. Do you think that there is a necessity for the existence of fever beds in your hospital?—I do most assuredly.

1279. Exclusive of their use for clinical instruction?—Yes, because many people would come from the country Dublin to the Meath who would not go to a bona fide fever hospital.

1280. Then you would not agree with what was said by Dr. Edward Hamilton yesterday—that one or two fever hospitals in Dublin would be quite sufficient for the requirements of the population, and that it would be much better to concentrate the fever patients in a fever hospital; you don't subscribe to that opinion?—I do not. I dare say it is not desirable to have too many fever hospitals, but for the north side of Dublin—and the Meath is close to the outskirts of the city—it is most useful to have a place for fever patients to come, and I know that patients, as a rule, prefer to go to a general than to a special fever hospital. They have a horror of a bona fide fever hospital.

Again, many cases come to us supposed to be fever which we find out in a day or two are not fever cases at all; we have observation wards in which any doubtful cases are put, and very frequently we, as a matter of fact, change our minds about their being fever.

1281. Do you think it is desirable to have a fever ward in every hospital as a general proposition?—I mean for the purpose of instruction, of course?—Well, for the purpose of instruction, I think so, because the more you can concentrate a student's work the better. If they have to go to one place for one subject, to another hospital for another, and so on, time is wasted in the day for the students.

1282. You don't think that you could get over that by confining the students to a fever hospital for a portion of their time?—I think it is not desirable that they should take up fever at the beginning of their course.

1283. No, but at the end of it, say?—I think that would be better.

1284. And that they should go to a special fever hospital?—No; but that they should take up the subject of fever towards the conclusion of the course.

1285. But if that be so, surely you might send them for the last part of the course to a special fever hospital?—I am speaking entirely from the point of view of bedside instruction?—But, as a matter of fact, students do not devote their entire time to fevers at any portion of the course, although generally speaking they do take that branch of study up towards the

and of it. They invariably attend to other things along with that.

1284. I am afraid I must have expressed myself very badly. You say that it is not advisable for a student to be brought into contact with fever patients at too early a stage of their career?—Yes, I think so.

1287. And don't you think then that it would be, for the purposes of education, just as well for the student if there were special fever hospitals to which he could be sent for instruction in that branch of his profession at the last stage of his career as a student?—Well, I do not; I think it better to have one hospital certificate, for instance—that we teach them in all subjects.

1285. Do you teach them in ophthalmic surgery?—We do.

1289. But if it is inadvisable for students to be brought into contact with fever cases at the commencement of their career, how can that be well avoided, supposing that you have got fever wards in the hospital to which he attaches himself from the start?—But our fever wards are detached—in a building completely set away from the main hospital. There is a distance, and a considerable distance too, between them. Our grounds are so situated that we have nearly two acres of land about the hospital, and the fever department is situated in quite a different part of the grounds from the general hospital.

1290. Now, as a general proposition from this point of view of instruction still, whether would you be in favour of a number of small hospitals or a few large ones?—It is an abstract question merely?—I think the teaching and the rivalry is far better by having a number of small hospitals than a gigantic one. And it is found that the work done in a small hospital is more in proportion than in a large one.

1291. Have you ever heard objections urged against large hospitals from the point of view of the students not having sufficient opportunity of seeing what was going on there?—Yes, I did. I know the system that prevails in London and in Edinburgh, and I know, as a matter of fact, that a student is placed at a great disadvantage by it. He joins himself, as it were, to one member of the staff, and he hardly ever sees the practice of another; whereas in the Dublin hospitals the visiting surgeons and physicians go on duty month about, so that the students meet the practice of every surgeon and physician of the particular institution to which they are attached.

1292. To go back to a previous answer—who is your ophthalmic surgeon?—We all take it turn about. We frequently perform surgical operations on the eye in a general hospital. There are ophthalmic operations which we must perform, and have often performed them in our hospital.

1293. And do you also teach midwifery?—No, we do not.

1294. Are there any other observations that you would like to make?—No, I think not.

1295. Mr. ARMISTEAD.—Who has the control of the dietary in the Moath—that is not mentioned in the report sent in to our committee?—The way the matter is done in this—the diet of each patient is ordered by the visiting surgeon in charge of the particular case, and the house surgeon puts that in the diet book, which goes down stairs to the assistant matron who has charge of the dietary.

1296. And whose duty is it to see that the food supplied is of proper quality?—The lady superintendent's duty.

1297. Are complaints ever made about the dietary either by the patients or by the staff?—Well, I don't think so—never to me, at all events. Of course there are some people that you could not please, but as a general rule I think the dietary of the Moath Hospital is very good and very generous.

1298. Does the lady superintendent keep a book in which she records any complaints that may be made about the quality of the dietary or the cooking?—Yes; she has a "Lady Superintendent's Book" in which she writes anything that she wishes to report to the

Board, and that book, whether there is anything recorded in it or not, is laid before the Managing Committee each fortnight.

1299. Sir RICHARD MARTIN.—Does the lady superintendent combine the duties of matron as well as superintendent of nurses?—No, sir, she does not—we have an assistant matron. But as it was found inconvenient to have too many officials responsible, she is under the control of the lady superintendent; but she supervises the dietary and assists in the general supervision of the house.

1300. Do you take venereal cases into the Moath?—We do.

1301. Mr. HUTTON.—Do you know what your proportion of venereal patients is to those from Dublin?—That is from outside the city and county Dublin?

1302. Yes?—Well, I think it is very large—just the same, in proportion, I should say, as in any other Dublin hospital.

1303. Do you get any of them from the Poor Law Unions?—No, sir. The way patients are admitted into our hospital is this—all urgent cases are admitted day or night, at any hour, without any restriction whatever, and other cases are admitted on the recommendation of a subscriber of two guineas a year. But we do not, as a rule, hold to that strictly as it were, because if a patient comes from a great distance we don't send him away if we can make out a bed at all.

1304. Do you get much support from the country?—In the county Dublin we do as it is the infirmary of the county. We have a few strong subscribers in different parts of Ireland, but they are very few.

1305. Mr. KENNEDY.—When you said that you approved of having fever patients and ophthalmic patients in the hospital is it because you think that the medical staff derived an advantage from teaching those things as well as the convenience of the patients?—Well, I think that a patient would find it a very inconvenient thing if he was admitted into an institution and was told subsequently—"This is not the hospital for you—you must go to the Ophthalmic Hospital"—more especially when we think ourselves perfectly competent to perform any operation that might be required on him.

1306. But surely that is not your mode of procedure in private practice, suppose you were attending upon me and that I wanted to have an eye removed?—Oh, we remove eyes at the Moath—

1307. Allow me—would you not recommend me to call to your assistance some specialist like Mr. Fitzgerald or Mr. Swaney or Mr. Storey?—Yes, and as a matter of fact we do so at the hospital whenever we have a serious ophthalmic case, or if we think such assistance would be of advantage to the patient, there is that sort of corps among the medical men of Dublin that they gladly come to stand on such occasions, and always do come.

1308. You invite the assistance of Mr. Fitzgerald or Mr. Swaney or Mr. Storey or some other specialist?—Certainly.

1309. Now, with regard to fever—if you had not these fever wards and fever patients would you be able to take such a sum as twelve guineas a year from your pupils—would it not involve the medical staff in a loss of some two or three guineas on each student to enable him to go forward and get his certificate in a fever hospital?—Well, I don't know, because we have never tried it. There are other hospitals in Dublin that have not fever wards, and I don't know whether they labour under that disadvantage or not.

1310. Don't you know as a matter of fact that if you could not state on the face of your certificate that the student has been taught in surgery, medicine, fever, &c., that he would have to go to another hospital for what you did not give him?—I presume he would.

1311. And don't you know that your fee to enable him to do that should be reduced, and that you send your staff would lose that income if you had not the fever beds?—I am not so sure of that.

1312. You stated that you get a fee of twelve guineas a year from each student for the course, including

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Ormsby,  
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fever. I ask you if you had not the fever beds, and had to send the students to Cork-street, say paying for each two or three guineas per year, would not that have to be subtracted from the twelve guineas for?—I think the reputation of the Month Hospital would draw students still.

1313. I don't speak about the reputation of the Month; but if you received twelve guineas from each student, and had to pay two or three guineas to a fever hospital for instruction in fever, it is manifest that you must lose so much!—I could not answer that question, because we never tried it.

1314. See now, my question is a very simple one, and I will ask you to give me an answer one way or the other. Your certificate to a student professes to say on the face of it that that student has been taught in all the various branches of his profession, I believe, except midwifery alone!—Yes.

1315. And for that you receive the full amount of the twelve guineas for!—Yes.

1316. Don't you know that if you sent that pupil to Cork-street Hospital you would have to pay three guineas for his course there?—I don't know whether we should lose by that or not.

1317. If you did not, surely the student must pay himself!—I suppose he would, but I don't think we would reduce our fee.

1318. I did not ask that. But supposing he had to pay three guineas to Cork-street for his course in fever instead of to you, and that you have 107 pupils, would it not make a difference of over £300 in the year to the medical staff of the Month?—I think not.

1319. You admit that he would have to pay three guineas for a year's course in fever if he went to Cork-street—that is the fee they charge there, I may inform you, for clinical instruction—and that being so, will you not go further and admit that in such an event you would only receive a fee of nine guineas instead of twelve?—I will not.

1320. And do you think that you would continue to get twelve guineas when all the other hospitals only get nine?—I do.

1321. That is from the superiority of your teaching!—Yes.

1322. Then it is your opinion that none of the other hospitals in Dublin rank on an equality with the Month?—No, I don't say that.

The CHAIRMAN.—Mr. Kennedy asks you a question as to whether you think that no other school of medicine in Dublin occupies the same rank as yours!

Mr. KENNEDY.—And he does not answer the question. He refuses to answer it, but he still says that for the course, if limited, if clinical instruction in fever was knocked off, they would get the full fees that other schools get for the course, including fever, for which these other institutions have to provide by a payment to the special hospital.

1323. Mr. HOLMES.—I want to ask a question in connection with one put by Mr. Huxton—is not the Month Hospital primarily the County Dublin Infirmary?—It is, sir.

1324. And I presume that you must give priority to patients coming from the county?—We must.

1325. Would you admit a patient coming from the county as a matter of course upon a certificate or letter of recommendation signed by a ratepayer?—No, it is not done on the certificate of a ratepayer, but of an annual subscriber.

Mr. F. FERRIS.—That is regulated by Act of Parliament.

1326. Mr. HOLMES (to witness).—I ask the question because I find the county contributes £200 a year to the hospital?—Yes.

1327. But I will get the information subsequently from the Registrar. Your total income is £3,146, and of that more than one-third—£1,580—is derived from public and local taxation. May I ask you whether you have ever had upon your medical staff a Catholic gentleman?—We have—frequently.

1328. At the present moment you have not?—No.

1329. And you don't think that the present mode of selecting medical men would tend to prevent Catholic gentlemen of eminence in the profession being appointed?—Not in the slightest degree.

1330. Mr. KENNEDY.—How many Catholic gentlemen have you had in your experience upon that board?—Well, I cannot say that, but before I was appointed I remember Cusack, Rooney, Harkin, and others.

1331. It was long prior to the Commission of 1856 that Rooney was there?—Yes.

1332. And there were circumstances connected with those elections that were peculiar?—That was before my time.

1333. Yes, but within your memory how many Catholic gentlemen have been elected?—Surely my election only one has been appointed.

1334. And before you joined the Board—within your memory how many Catholic practitioners were there, say within a stretch of the last forty years?—I don't know whether there was another.

1335. When you said a minute ago in answer to Mr. Holmes that there were a great many Catholics, was it not giving us to understand that your Board were in the habit of electing Catholic surgeons and physicians—have you been in the habit of doing that within the past forty years?—I think not—I think nobody applied to us. One member of the Commission asked whether it was not a fact that the Managing Committee had nothing to do with elections to the medical staff. I should like to say that they have something to say to the matter in this way—that supposing the medical men do not fill up a vacancy within a specified period the Managing Committee can step in and do so.

1336. But did you ever know of an instance in which the medical men did not fill up the vacancy?—No.

1337. Consequently that is a majority power?—Yes.

1338. Do you individually endorse what Sir George Foster said as to the perfection of your system of election to vacancies in the medical staff?—Yes—I think it is the best mode.

1339. And no assistance from the lay board would enable you to get in a better class of men than you yourselves elect?—No.

1340. And you would not like to see the *modus operandi* changed in any way?—No.

1341. Mr. ANNEWATER.—Would you give any external influence you in the selection of medical men?—Not in the slightest. As a matter of fact our resident pupils are frequently Catholics.

1342. I presume you make no inquiries as to their religious persuasion?—No, we never ask of what religious belief they are.

1343. From the list of attendances of the Standing Committee I find that a great number of the members never put in an appearance at all!—Well, we can always have a quorum, and our average attendance is about seven I think.

1344. The CHAIRMAN.—It is returned at 9-50 for the last year. When you said in reply to one of my questions that you give instruction in the Month in diseases of the eye, is it not the fact that certain licensing bodies require a certificate in ophthalmology?—Well, the College of Surgeons used to require it, but not now.

1345. Does Trinity College require it?—I believe they do.

1346. And would they receive your certificate?—I don't suppose they would.

1347. How many cataracts have you removed in your hospital during the last year can you tell me?—I certainly know that there have been two or three eyes removed.

1348. But how many cataracts?—I am aware of the distinction!—I have frequently assisted Mr. Stally in removing cataracts, but I do not think he has removed any during the past year.



Dr. William J. Hepburn, F.R.C.S., examined by the CHAIRMAN.

Nov. 9, 1887.

Dr. William  
J. Hepburn,  
F.R.C.S.

1348. You are Surgeon to the Meath Hospital?—Yes, and Secretary to the Medical Board.

1350. You receive a grant for the purpose of having special instruction given in fevers?—Yes, Sir.

1351. Do you think there is a necessity for these fever beds in your hospital still?—I do—to a certain extent. I think it is a wise thing to have fever beds for the poor there, if required. There might be a case of a dubious nature often in the house that might develop symptoms which would render it inadvisable to remove the patient to a large fever hospital. Therefore, I think it is better to have the accommodation there.

1352. Therefore, you agree with what has been said on the subject to-day?—I do.

1353. And you would not agree with the view that it is better for the public that there should be one or two special hospitals for fever?—I quite agree with that—I concur in Surgeon Hamilton's view, but, at the same time, I would have accommodation for fever cases in a separate building of a general hospital.

1354. Would it be possible for people to come there thinking they had fever, and then to discover that it was not fever?—There should be observation wards. We have them at the Meath.

1355. And might not these observation wards be made use of, even supposing the fever beds were abolished?—They might, but, at the same time, you might introduce two kinds of fever to be treated in the same ward—such as anæmia, scarlatina, or measles.

1356. But might you not do that now?—We might, possibly.

1357. I do not think you quite apprehended my question—you said that you have observation wards at the Meath?—Yes, we have two observation wards.

1358. And might not they be still used and answer their present purpose—namely, that people would come thinking that they had fever, and when it was found they had you could remove them elsewhere?—Yes.

1359. From the observation ward to a regular fever hospital?—Yes, if proper conveyances were arranged, quite so.

1360. Then I take it that you do not see the necessity for a continuance of the fever wards in your hospital?—Beyond an aid to clinical teaching.

1361. Quite so—now, as a general question, which do you think best in the interests of medical science—a few large hospitals or a number of small ones?—I agree with Surgeon Hamilton that a few large hospitals is preferable, but, at the same time, I know that has its drawbacks too.

1362. Have you any further observations to make?—With regard to my own election as a member of the medical staff and Board, I should like to say a word or two. Mr. Kennedy stated that I was elected on account of a bequest left to some hospital, and I may inform you as to the transaction that took place about my appointment. Another candidate was proposed and duly seconded, and every effort made to get him in, but I was successful, so that it was not a matter of the Medical Board being unanimous about securing the bequest.

1363. Mr. KENNEDY.—I did not say that it was because of the bequest you were elected—I merely asked whether the Board knew that if they appointed you there was a probability of their receiving a sum of from £14,000 to £18,000, which you would be instructed in bringing, according to the terms of the bequest?—I wish further to state that, in my applica-

tion to the Board, the word "bequest" was never mentioned.

1364. I know, but it was, at the same time, understood by the staff—or I am misinformed—that, in electing you, they were electing a man who would, in all probability, bring that much money to the institution?—That may be, but I did not put that forward as a recommendation.

1365. The CHAIRMAN.—Are you satisfied with the way in which vacancies on the medical staff are filled up at present?—I am—I do not see how we could do better, for it brings under the notice of the members of the staff a knowledge of the claims and qualifications of candidates that an outside Board could not possess.

1366. And, in your opinion, all the candidates get fair play—there is no consideration other than that they should appoint the best man?—No election has taken place during my connexion with the hospital, therefore I am not qualified to give an opinion on that subject.

1367. Are you quite satisfied with the nursing arrangements?—Quite satisfied. I never had to complain. I believe it is very good.

1368. Mr. ARMSTRONG.—Have the patients the most unrestricted opportunity of being visited by their clergy, whether Protestant or Catholic?—There is no restriction as to that, and it is an imperative rule from the Standing Committee in the case, for instance, of a Catholic patient requiring extreme unction—being in a dangerous condition—the resident surgeon or resident pupil should at once send for a priest.

1369. Have you any chaplains attached to the institution?—Yes; the Catholic clergy at Harrington-street Chapel attend when called upon, and visit the institution regularly, while the Rev. Mr. Gibson visits the Protestant patients from time to time. But these are voluntary services.

1370. Mr. KENNEDY.—I believe that there is the most unrestricted freedom—just the same as in the House of Industry.

1371. Sir RICHARD MARTIN.—Is it your opinion that Dublin is over-hospitalised?—It is not; I think that it is attended with great benefit, because it creates a healthy rivalry of competition in clinical teaching.

1372. And you would not be in favour of amalgamating some of the hospitals?—I would not.

1373. Mr. HOLMES.—I think that last answer is slightly at variance with one which you gave to the Chairman or Mr. Armstrong a minute ago—I understood you to say that you would prefer to have a few large hospitals to a number of small ones?—My last answer was with regard to a general amalgamation—I thought that was the drift of the question.

1374. Mr. KENNEDY.—May I ask this question, suppose that there was a new hospital to be built, do you think that Christ Church place would be a good site for it, bearing in mind the position of Stevens', your own hospital, and Jervis-street?—Do you think there is an hospital wanted at Michael's-hill?—I don't think they could select a better site.

1375. On the supposition that you shut up Stevens'—Yes, and the Richmond, concentrating the two hospitals on the new site.

1376. Mr. HOLMES.—Supposing such an hospital was built—a house sufficiently commodious and suitably endowed, would you say that it would take the place of your hospital too?—Certainly not—that is the last thing I would think of recommending.

Mr. Francis Power re-called and examined by the CHAIRMAN.

Mr. Francis  
Power.

1377. You gave in this return of all sums received by your hospital, and expended an item of £365 13s. 3d. for furniture and repairs last year—is that not rather large?—It is larger than usual.

1378. Kindly explain how it comes to be larger than usual?—Well, during last year we got a large number

of new bedsteads into the hospital, supplied with wire mattresses, of which I could not tell you the exact cost, but certainly it was about £100 or over it.

1379. So that this would be an exceptional expenditure of over £100?—Yes.

1380.—The salaries of officers amount to £361 15s.

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Mr. Francis  
Fennell.

—could that be reduced, do you think?—I don't see how it could.

1381. Isn't it a large sum under that head in comparison with some of the other hospitals?—No, I think it compares favourably as far as the smallness of it is concerned.

1382. Now, could you tell us approximately, the number of accident cases admitted and retained in the hospital?—That I could not tell you. The accident cases go through the resident pupils—they take a note of every accident case that comes in—these are not under my supervision at all. Of course I could have supplied the information had I been asked the question before I came here.

1383. And you can send it to us I suppose?—Oh, yes.

1384. Please do so then—I mean the accident cases admitted and retained in the hospital?—Quite so. I will make out a return and send it to the Secretary.

1385. Mr. KENNEDY.—For the last twelve months I suppose?—Yes.

1386. The CHAIRMAN.—I wish just to analyse that figure of 2,439 external accident cases, to know how many of these were serious and how many of a trivial character?—Well, I can tell you at once that

the vast majority of them were of a trivial character—cuts and bruises, or things of that nature.

1387. Yes, but how many of these, about, were of a grave nature, could you tell us that now?—I would not like to say, sir, it would be only a guess on my part.

1388. Mr. HOWARD.—I wish to ask you how the county patients are admitted—I asked the question you remember of Dr. ORMSBY and you interrupted, I think, by saying it is all regulated by Act of Parliament; would you proceed to explain how patients coming from the county Dublin are admitted?—Well, sir, the provision of the Act reads thus:—

“And be it further enacted that no patient shall be admitted into the said infirmary but upon the written recommendation from any of the Governors or Governesses of the said infirmary and hospital.”

But a considerable number of our cases come from dispensaries—Halbrothry and Bohernabreena and such places. The number of patients from outside the city would be in round figures about 300 during the year.

The Commission adjourned till Saturday at one o'clock.

Nov. 7, 1885.

## SATURDAY, 7TH NOVEMBER, 1885.

The Commission met at half-past twelve o'clock in the Petty Council Chambers, Dublin Castle.

Present:—Sir ROWLAND BLANCHERUSSETT, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. ROBERT W. ARBUTHNOT HOLMES, Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

Dr. MYLES having read the minutes of the previous meeting, which were confirmed, the examination of witnesses on behalf of Mercer's Hospital was proceeded with.

Mr. Anthony McGuckin called and examined by the CHAIRMAN:—

Mr. Anthony  
McGuckin.

1389. You are the Registrar of Mercer's Hospital?—I am, sir.

1390. And you sent us in those answers to the queries which were addressed to the authorities of your hospital by the Commission?—I did, sir.

1391. Were the answers submitted to your Board before they were sent in?—The query shows that I received were submitted to the board, and I was directed to fill in the answers.

1392. But after the answers were prepared did the Board see them?—No; I could not get a general Board meeting, but a great many of the Governors saw them lying on the table. Just at that time of the year I experience difficulty in getting a Board together, and I did not wish to make too much delay in forwarding the replies.

1393. And do you think they can be considered as your official answers to our queries?—Most undoubtedly, sir.

1394. In number 32 you are asked, “Do you re-

ceive accident cases?” and the answer given is, “You, 5,328 last twelve months?”—About that number, sir.

1395. Can you tell me how many of these were cases that were retained in hospital?—I could not tell you exactly without reference to my books.

1396. But I presume you can furnish us with that information?—Yes, I can.

1397. Then will you do so, please?—I will, sir. There are a great number of accident cases, I should mention, that come in during the day and that are not retained.

1398. That is what I want to ascertain—how many of these accidents are really serious cases?—I will furnish that return, sir. There is one thing I wish to mention—that I was obliged to obtain the assistance of the medical registrar of the hospital in making out the return of students. I did not furnish that information myself—I had not the necessary statistics to enable me to do so.

Mr. F. Alcock  
Wilson,  
F.R.C.S.

Mr. F. Alcock Wilson, F.R.C.S., examined by the CHAIRMAN.

1399. Dr. Wilson, you are Surgeon to this Hospital and a Member of the Board of Governors?—Yes.

1400. Now, by whom is your Board of Governors elected?—They were elected primarily by Act of Parliament, and the governors then elect each other.

1401. I see that on your list of governors you have His Grace the Lord Primate, the Lord Archbishop, and the Rt. Hon. the Lord Chancellor—how are they

elected?—I believe they were mentioned in the original charter, and then as officials they come to be on the Board.

1402. So that the Lord Chancellor, his Grace the Lord Primate, and the Lord Archbishop for the time being are members of your Board?—Yes.

1403. But I see that none of these have ever attended?—I never saw any of them there.

1494. And do you think that governors who do not attend are very useful members of a Board?—Quite the reverse—I think they are very useless.

1495. In answer to our query 10, you say that the hospital accounts are audited at the end of every financial year by the managing committee. Why have you not had a public audit?—The accounts are audited every month by the house committee, and then they are again audited by them at the end of every year. That has been the rule ever since I remember.

1496. Yes; but don't you think that it would be more satisfactory if they were regularly audited by a public auditor?—I think the audit now is as perfect as it can be—as far as my judgment goes.

1497. But for the satisfaction of the general public don't you think a public audit of accounts would be more advisable?—Yes, perhaps so; and I think no objection would be offered by the Board to the institution of such a system of public audit.

1498. You say in reply to question 15 that the average number of students on the books, as receiving instruction during the last three years, was 106½—Yes.

1499. And that the average daily number of students actually attending your hospital during the same period was fifty½—Yes.

1500. Is not the large attendance of students due to the intimate connexion that exists between the hospital and Peter-street School of Medicine?—No doubt a large number from the Peter-street School of Medicine come to Mercer's Hospital, but they come from other schools as well—from all the Dublin schools.

1501. From all the medical schools in Dublin, say you?—Yes, we have had students from all the medical schools in Dublin.

1502. How many students have you had entered this session?—I could not tell you that, but the registers don't close for the present session till the 25th November.

1503. And you don't know anything about the number now entered, you could not give us an approximate idea?—No, I have not looked at the books since the beginning of October.

1504. Now, is it the fact that most of the staff of the hospital are selected from the staff of the School of Medicine in Peter-street, to the exclusion of other medical men?—No, I don't think it is, although the majority of the staff do belong to both institutions.

1505. What members of the staff do not belong to Peter-street School?—Mr. O'Grady does not.

1506. And he is the only one?—He is the only one at present.

1507. Then it was hardly an answer to say that it was the majority?—Yes—that is four out of five belong to Peter-street school.

1508. A very large majority?—That has only obtained recently—on previous years there was only one I believe belonging to the Peter-street school; that was in Mr. Nichol's time.

1509. Do you not think that in the selection of your staff, belonging to that school would be very considerably in a man's favour?—I do not, I should consider it would be against him, owing to the present preponderance of Ledsitch men on the staff. I would for my own part rather have an outsider.

1510. Are the members of the staff in the habit of paying a sum of money for their appointments?—Yes, they are.

1511. Who gets the money so paid?—The outgoing men—the man whose vacancy is filled up receives portion of it, the major portion; and the remainder goes towards an improvement fund in the Hospital.

1512. How long has that arrangement been in force in Mercer's Hospital?—I think for about seventeen years, but I could not say to a year or two. It was introduced however before I joined the staff, which was in 1879.

1513. Do you know how the matter was arranged

before that time?—Before that I believe the outgoing man—or his representatives in the event of death still got a sum of money, but that part of the purchase money was divided amongst the staff.

1514. Did you ever hear of appointments being created in your hospital for the purpose of dividing the money that the new appointee was to pay?—I cannot say that I ever did; no.

1515. According to the present arrangement a certain sum of money is paid to the outgoing man, or his representatives?—Yes.

1516. Then there is a certain sum not so paid?—Yes.

1517. And what is that retained for?—That goes to what is called an Improvement Fund in the hospital.

1518. How much would it be—what proportion of the entire amount paid?—Well, out of £1,400 it would be £350.

1519. What is the tot of this Improvement Fund at present, do you know?—It is about £750; it is only a pound or two short of £750.

1520. And has this fund been applied to the improvement of the hospital—any portion of it?—Yes.

1521. 8000 you have in hand £750?—Yes; a few pounds short of £750. I could not tell you the precise figure.

1522. Have you an operation theatre at Mercer's?—No, not at present. The operation theatre was built originally by the surgical staff of the hospital. It was very old, and was taken down some time ago.

1523. And have you any laboratories for students?—No; these are all at the different medical schools; they are not attached to any hospitals at all in Ireland.

1524. But you have got no operation theatre?—No; but we propose building one as soon as ever we can.

1525. You have this considerable sum of money in hands accruing from the amounts paid by the members of the staff for their appointments, and which, according to former rule, was divided among the surgeons; but having it, why did you not make use of it to build an operating theatre?—We have accepted plans for building an operating theatre and enlarging the hospital, but we have not a sufficient sum of money yet to start the contract.

1526. The average number of beds in daily use in your hospital last year was forty-five?—Yes.

1527. That is a very small number, is it not?—It is a small number, no doubt.

1528. Would the Medical Council recognise your hospital as a teaching institution, with such a small number of beds?—Yes they would, and have always done so, and others with fewer beds.

1529. But it is an exceptionally small number of beds—is it not?—Yes, it is a rather small number, but the hospital is in a transitional state.

1530. To go back, let me ask you who elects the staff?—The staff elect each other. With reference to the number of beds, I may state that we made provision outside the hospital for the teaching of students—for instance, in fever. We don't consider it desirable—or at least many of the Governors don't think it desirable—to have fever wards attached to the hospital, and therefore we enter our students at Cork street for instruction in fever, which keeps a large number of beds occupied constantly with acute medical cases, and as at present we also make provision for the instruction of our students in ophthalmic surgery outside the hospital.

1531. How many students were entered in Cork street last year from Mercer's, can you tell us?—We enter all our students now at Cork street.

1532. But how many did you enter?—I could not tell you for this year.

1533. What is the fee?—Three guineas.

1534. To question 30—"How many beds are on an average under the control of each visiting physician or surgeon daily." The answer given is—"Two

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Mr. F. Akers  
Nixon,  
Q.M.C.

physicians, twenty-one beds, three surgeons, forty-two beds.<sup>6</sup> But how are the forty beds occupied divided—these are the beds altogether, occupied and unoccupied, you know?—Yes.

1443. And how are they allocated?—Each surgeon has nine, and each physician has seven.

1444. The average number of students on the books on receiving instruction during the last three years was 108—I am going back to question 15—and the average daily number of students in attendance during the same period was fifty; how do you explain the difference between the number of students on the books and the number in daily attendance?—Because they are not required by the regulations of the college to come every day.

1447. Do you ever give certificates to the students whose attendance is merely nominal?—Certainly not.

1448. Is there any number of attendances that you would require from a student before you would give him a certificate?—Yes; he should have 120 for the year.

1449. One hundred and twenty attendances?—Yes.

1450. Mr. ARMISTEAD.—Does your system of nursing work satisfactorily?—Yes, I think so—most satisfactorily.

1451. In your answers furnished to our queries, you do not define what the duties of your Lady Superintendent of Nurses are?—She is both Matron and Superintendent of Nurses.

1452. And is it her duty to look after the dietary?—Yes.

1453. Is she also responsible for the articles supplied being in accordance with tender?—Yes.

1454. And is there any book kept in your hospital in which complaints by patients or others may be recorded so as to be brought under the notice of the Governors?—I don't know of any such book.

1455. I see from the returns furnished that there was a very large balance against the hospital at the end of the year—£1,640 odd?—Yes.

1456. How did that large balance accrue?—Well, a large portion of that was incurred long ago when they were building the Napier wing. The Governors accepted a tender for the work, and then some part of the old building was found very defective, and it had to be taken down.

1457. Then, with regard to the £750 to the credit of the improvement fund, that has not been brought in any way into the accounts that came before us?—No; it is a separate matter entirely.

1458. Sir RICHARD MARTIN.—The £750 you have to credit of the improvement fund—does that include the £529 of the building fund that is mentioned in the last report?—No.

1459. So that there is £529 in addition to the £750?—Yes.

1460. To the credit of the building fund?—Yes.

1461. Now, how is the average ascertained of the attendance of the pupils?—There is a book kept in the hall in which each student writes his name as he enters.

1462. And that is regularly kept up?—Oh, yes. Each student writes his name as he enters, and at the close of the morning visit a line is drawn and the surgeon and the physician for the day sign it.

1463. To question 18, "State the number of beds in your hospital," the answer is ninety-seven?—Yes.

1464. Is that ninety-seven beds for patients, or does it mean ninety-seven beds for attendants and patients together?—No; I believe available for patients.

1465. Ninety-seven beds available for patients?—Yes, I believe so.

1466. Well then, the average number of beds occupied during the twelve months ending 31st March, 1895, is put down at 45-105-1—Forty-five beds last year up to the 31st March—that is right.

1467. Then in reply to question 30, "How many beds are on the average under the control of each

visiting physician and surgeon daily," the answer is, "Two physicians, twenty-one beds; three surgeons, forty-two beds." How do you reconcile these figures?—I have given that already. Each surgeon at present has nine beds, and each physician seven; that is, twenty-seven and fourteen; total, forty-one.

1468. But as it reads here in the answer to my queries, it would appear as if there were twenty-one beds attended by the physicians and forty-two by the surgeons. You say that the total, however, is forty-one?—Yes, just now.

1469. Can you tell us what wages the nurses get?—Yes. The two senior nurses receive £15 a year each; the two night nurses and the junior day nurse, £12 a year each, and in addition the nurses and ward maids are dieted in the establishment—they get their food in addition.

1470. And do you get satisfactory attendants at those wages?—Yes, I have no reason to complain of the nursing.

1471. Are they certificated nurses?—In the male surgical ward there is a trained nurse with a diploma and certificate, and she has an assistant nurse and ward maid; and in the female ward the nurse has been there for thirty-five years now. She is a most excellent nurse.

1472. She has been with you thirty-five years, you say?—Yes, I believe so.

1473. She must have been very young when she went in?—I don't know what her age was then.

1474. Fifty-three years is the age of the oldest nurse as returned to me?—I cannot state what her age is now. I believe she is the oldest on the staff.

1475. Mr. HUTTON.—As a matter of fact this return to our queries did not come under the cognisance of the Board of Governors?—I think it did, according to my recollection.

1476. Your Registrar says it was not passed by the Board—that it was lying on the table only?—I understood that it had been submitted to the Board, and I know that a large number of Governors went over it. I saw it myself, and I know that others did.

1477. But, as a matter of fact, it was not passed by the Board. With reference to the list of Governors, have you any tale for putting them off for non-attendance?—I don't think so.

1478. And how is it that your list of Governors is so much smaller than that in the original charter?—I don't know.

1479. Because I find that originally your Board numbered over fifty, and that now your hospital is really in the hands of the members of the medical staff?—Because they attend more regularly to their duties as governors. If the lay members on the list attended they could easily rule the hospital as they wished.

1480. And that, in fact, very few of the lay members of the Board attend. Are you of opinion that the medical officers should be left to manage the hospital very much by themselves?—Certainly not. I think that a large lay element is a very desirable thing in the Board.

1481. Is there any qualification for governors?—No; I don't know of any qualification. A man is proposed, and seconded, and balloted for.

1482. And you don't require a man to be a subscriber?—There is a rule to that effect—two guineas a year, or twenty guineas to entitle a man to become a Life Governor.

1483. And do all your Governors subscribe two guineas a year?—No, I know that they do not.

1484. And do you know that there was a postal clause in your original by-laws to the effect that a man should go off the Board if he did not pay his two guineas a year, and that that was altered?—I think it was.

1485. And why should a man be appointed a Governor of the hospital who would not take so much interest in it as to give two guineas a year? It seems

a bad system?—I do not know. The fact is as I tell you.

1483. Now, have you any pupils except those from the Peter-street School?—Yes.

1484. How many?—I could not say.

1485. Could you not give us an approximate idea?—I could furnish you with the returns of the schools from which the present students are derived, but we never ask what school a man comes from.

1486. Could you not form an idea as to the proportion that comes from the Peter-street School?—Well, the largest number are Ledwith men.

1487. And to what do you attribute the falling-off in numbers of the pupils attending your hospital?—The want of an operation theatre in one great cause.

1488. The number fell from 161 in 1881-82 to 143 in 1882-83, to 102 in 1883-4, and to 80 in 1884-5, and now I understand there are only 12 or 13 annual this term.

The CHAIRMAN.—Have we evidence of that—that there are only 12 or 13 entered this season?

1489. Mr. HURVES.—I understand so. I have no authority for it, but I understand so. (To witness). Can you give me any reason for that great falling-off?—I really cannot. The want of the operation theatre is, no doubt, one very great reason.

1490. How much does each pupil pay attending your hospital?—Twelve guineas a year.

1491. And out of that do you pay three guineas to Corie-street for fever?—Yes.

1492. So that only nine guineas go to the medical officers of Mercer's?—Yes.

1493. And, as a matter of fact, has anything been paid out of the so-called improvement fund for the improvement of the hospital?—Yes; £100 was subscribed from it.

1494. To what?—To the building fund.

1495. And what is the object of keeping that improvement fund apart—£750? How many years has that been accruing?—About five years or so. It was before my time.

1496. Your pupils have been falling off from 161 in 1881-82 to 80 last year, and still you have not done anything to build the operation theatre, although you have that fund of £750 in hand?—We could not build in small pieces. We must accept one contract for the construction of the operation theatre and the enlargement of the hospital. We could not do patch-work.

1497. Does your hospital come under the Board of Superintendence?—You have a small Government grant?—No; it does not.

1498. Mr. KENNEDY.—Tell me, Dr. NIXON. Do you think that the Board which you have over the affairs of that hospital is a Board that gives you perfect satisfaction?—I would not say so, because they don't attend—a large number of them don't attend.

1499. And would you have any objection—suppose that there was a more popular Board elected—to see the Board enlarged?—Not the slightest.

1500. With regard to the number of persons that you have on that Board—how were they elected, can you tell me?—The Board were originally elected under our Act of Parliament.

1501. That is the *ex-officio*?—Yes, whole of them were primarily elected by the Act of Parliament.

1502. And as the original members died out now one took their places?—Oh yes, we have had elections since I went in there.

1503. Therefore it does not depend on the Act of Parliament?—No, we elect Governors now to fill vacancies—at least elections have taken place since I joined the Board.

1504. The first Board had authority to add to their numbers by co-optation as vacancies arose?—Yes.

1505. And when you speak of Governors out of doors voting for new Governors, may I ask you how many Governors out of doors are entitled to vote and how are they qualified to vote?—All the Governors on the list are entitled to vote.

1506. I know, but how many Governors constitute the "all"?—Five form a quorum—five can elect.

1507. But out of your general list of Governors who vote?—I want to know how many Governors are in the first instance on the list on which nominations are issued?—I do not understand that question, Mr. Kennedy.

1508. I will explain it. You said there are a certain number of Governors who have the privilege of voting, and who have been appointed since that Act of Parliament was passed?—Yes.

1509. And may I ask you how many constitute that list of Governors—how many Governors are there?—At present?

1510. Yes?—They are given here (in the replies to the queries).

1511. I mean the general constituency who vote for the election of a candidate—not the Managing Committee?—Any five in that list—that is the list of the entire body.

1512. Do you mean that there are no Governors of this hospital save those returned on this list?—No, that is the list of Governors.

1513. And have you no further or more extended list of Governors than this?—No, that is the list.

1514. Consequently this small committee or body had the power of co-opting new members themselves, without any extra persons at all?—They have.

1515. And how is it that the list is so limited as that—have you no system by which gentlemen subscribing a certain sum may become Governors?—That is the entire list so far as I know.

1516. So that the thing is completely a close borough, so far as I understand. You would not yourself, if you had your own way, leave the management of this hospital in the hands of so few Governors as we have returned here?—I would like to see a larger Board.

1517. Suppose that you wanted to increase the number of that Board, how would a stranger to the Board succeed in coming in—suppose myself, or Sir Richard Martin, or Mr. Armstrong, or anyone else wanted to become a member of the Board, how would we set about it?—Then you would be proposed by a Governor, and seconded and balloted for.

1518. And have you ever known of anyone being brought in in that way?—Yes.

1519. Who have been elected recently there?—Thomas Jackson and C. F. Knight were elected in that way during my time.

1520. Is Thomas Jackson a doctor or a layman?—He was a doctor—he is dead.

1521. And C. F. Knight is a doctor I know, but do you remember since you joined the institution any election by which an outsider—a layman—a professional man was brought in?—Yes—Alderman Meyers was elected in that way.

1522. When was Alderman Meyers elected, and who was he elected in opposition to?—He was not elected in opposition to anyone.

1523. Then, when was he elected?—Well, I cannot give you the exact date.

1524. About when?—About three years ago.

1525. And do you know of any other election or any other candidate seeking election?—No, I don't know of any other to be elected. There were only three other Governors elected since I joined the Board.

1526. But I ask you do you know of any one seeking election—any gentleman who had subscribed the amount required to entitle him to become a candidate, and who was not elected?—Yes, I do.

1527. Would you say who that party was?—Well, I would rather not mention names.

1528. Well, now, I have a particular reason for asking you the question. This is a public inquiry, and I don't think you need have any difficulty in answering.

1529. The CHAIRMAN.—What objection is there to answer that question?—Well, one does not like to give names in a case of the kind.

1530. Mr. KENNEDY.—It is a notorious fact you know—I know it myself—but I want to put it in evidence.

MR. F. 1185.  
Mr. F. Abbott  
Witness.  
A.B.O. 111.

donee. I ask you do you know, or do you not know—if you do not there is an end of it—of any layman who wished to become a governor—who had qualified himself to become a governor—who was proposed to be elected a member of that committee and was rejected?—I do know.

1534. And what is your objection to tell us?—Well, I think it is a breach of confidence to mention names in a case of the kind. If a man is proposed at a club and is blackballed—

1535. The CHAIRMAN—Don't think that you can make a plea of that sort. You can hardly draw an analogy between a public institution such as Mercer's Hospital and a private club.

Dr. Nixon—Well, sir, Mr. Shackleton was proposed.

1536. Mr. KENNEDY—And may I ask you why Mr. Shackleton was not elected?—Because the members present did not vote for him.

1537. And who did they vote for?—They did not vote for anybody.

1538. And is it not a very curious thing that when you had the power to increase that committee, and when you yourself wished to see that committee increased, that you did not vote for him?—I did not because I was in the chair on the occasion.

1539. But that would not prevent you voting?—Well, I say that was the cause, I happened to be in the chair.

1540. Was there no other cause. Why did you set with your colleagues in not voting for Mr. Abraham Shackleton?—That is the general rule, and I did not vote because I was in the chair.

1541. Were you aware that there was any action among your brother governors not to elect him. I ask you because you say you wish to see that Board increased. And here was an eligible citizen, a gentleman who was at the time a member of the Corporation, and who is known to take a deep interest in hospitals and their management—who had qualified himself to become a governor and who was proposed and was rejected—why did you decline to vote?—I did not decline to vote. It is not usual for the chairman to vote.

1542. It is quite customary. I have seen many gentlemen in the chair voting. You are the first witness from Mercer's Hospital. You tell me your own private opinion is that that Board is too small. There was presented to you on that occasion a citizen of Dublin whom we all knew, and in common with those who, perhaps, did not wish to see the Board enlarged, you did not vote for him. He was rejected, and no one was put in his place. Can you tell me why that was done?—I don't know.

1543. Did you approve of that act?—I would not like to see any gentleman not elected.

1544. But did you approve of that act?—I did not.

1545. And why did you not show your disapproval by voting for him?—Because I was in the chair.

1546. But I have told you that that is no bar to voting?—The rule with us I believe is for the chairman not to vote.

1547. Why do you say you wish to see that committee enlarged, and yet from that day to this have never sought a candidate in line of Mr. Shackleton?—Well, you cannot always get Governors.

1548. You cannot always get Governors?—No.

1549. Were there no other gentlemen subscribing to that institution from among whom you could have selected to make appointments on the board?—I don't understand your question.

1550. Mr. Shackleton had paid his money, and had been proposed as a candidate for election on the board but was not elected. Were there no others in a similar position—others similarly qualified for a seat on the board if acceptable?—I don't know.

1551. What do you call the persons who subscribe two guineas a year or twenty guineas?—We call them subscribers simply.

1552. And is it possible you have no subscribers

out of whom you could have selected any Governors since Mr. Shackleton's rejection?—I don't know really of one; I know that Sir Edward Guinness was asked to join the Board, but he said his time was too much occupied. He would have been a very eligible member.

1553. Yes; we all know that his time is very much occupied, but is there any other person who has subscribed two guineas to your place during twelve months not a member of the board?—Yes, I see Mr. Callow for instance—he subscribes three guineas.

1554. And why was he not asked to join the Board?—I don't know really.

1555. Who else is there—excuse my pressing this, because I want to put it on record that the house is governed by a limited number of persons—and though for the benefit of the sick poor, and for the purpose of ethical instruction, yet largely for the benefit of the medical staff—why is it that no other person was brought forward when Mr. Shackleton was rejected?—was it owing to the desire on the part of your fellow-governors to keep the committee limited?—I knew a number of Governors who looked about for other people to join the Board.

1556. Who looked about—surely they would not look beyond those who had subscribed? Is it not a qualification that a man should subscribe two guineas a year before he could become a Governor?—A subscription of two guineas a year or £21 does not constitute a Governor necessarily.

1557. No, but it leaves them in the position of being eligible for election as Governors if the Board wishes to co-opt them?—Yes.

1558. And did you ask any of the two-guinea men to join the board when you rejected Mr. Shackleton?—No.

1559. And why was that not done?—I don't know.

1560. But you believed that the Board should be enlarged. Why did you not state as a member of the Board, "I must have my views carried out," and proceed to suggest some new member or members?—I don't know exactly why I did not do so.

1561. Then am I to understand that you were not earnest in the pressing of your own views?—Yes.

1562. Tell me now, when you come to select a member of your medical staff do you confine yourselves to persons connected with the Ledwith School?—No, certainly not.

1563. But the majority of your staff have been elected from that school?—Yes, of late years.

1564. And how is that? Do you believe it to be the best school in Dublin?—Yes, I do as you ask me.

1565. The best medical school in Dublin?—Yes.

1566. And what constitutes it in your mind the best school—are its professors the most eminent men or are its students the most successful then—those of any other?—The success of our students is as great, if not greater, than the students of any other school in Dublin.

1567. Can you verify that by statistics?—I have no statistics with me referring to the Ledwith School. I am speaking now as a teacher, and I have seen the students and known the students of other schools as well as those of the Ledwith.

1568. But steady for a moment—do you know that your answer as to the superiority of the Ledwith School is correct?—I believe it to be correct.

1569. What means of belief have you thought?—My general observation.

1570. More general observation?—Yes.

1571. And no figures or statistics?—No.

1572. You have not taken the trouble to ascertain it in any way?—I speak from my personal observation and experience as a teacher. I did not intend prepared to give evidence with reference to the Ledwith School.

1573. And you state from your general observation that the students of the Ledwith School are more successful than those of any other?—Yes, I believe so.

1874. If you believe so, surely you have some data for your belief?—Yes, my observation.

1875. Have you fixed in your mind the names or the number even of the students from Peter-street that have succeeded so well in Dublin, and in the country?—Yes, and in England and the colonies.

1876. Can you give us a list of those students?—No, I cannot now from memory. We would have to go back for three-quarters of a century; and I only speak from my own observation.

1877. But, if you speak from your own observation, what do you mean by saying you would have to go back for three-quarters of a century for the purpose of verifying your observation?—I speak my belief only—to give the list you required, I should have to commence that far back.

1878. From your own belief, and the result comes from three-quarters of a century?—I cannot say more.

1879. Now, that you have no facts or figures to sustain your contention?—Except my belief.

1880. In appointing your resident pupils, how are they selected?—do you give these appointments to students attending Mercer's, from different schools in Dublin, or to Ledwich men only?—We select the best men we can get, irrespective of the school they come from.

1881. But, as a matter of fact, can you inform us whether they are taken from different Dublin schools or from only one?—From all the schools.

1882. The residents are selected from among the students walking your hospital, irrespective of what particular school they attend?—Yes, annually.

1883. Can you tell us whether any of the St. Cecilia-street men, for instance, have been appointed as residents in your hospital during the last two years?—I could not say.

1884. Why say, then, that they come from all the schools?—are they taken from the students of the Carmichael School as freely as from the Ledwich?—Yes, those were from the Carmichael recently—the two last appointments.

1885. And how many have you had from St. Cecilia-street?—I could not say.

1886. Do you know whether there has been one?—Yes, we have had St. Cecilia-street students attending Mercer's Hospital.

1887. I know that, but your staff appoints the resident pupils, and, you say, they are selected indiscriminately from all the Dublin schools; in St. Cecilia-street there is a school, how many have you appointed from it?—I could not say about St. Cecilia-street.

1888. Do you know that you have appointed one?—I could not say.

1889. And why, then, say that they are appointed from all the schools, and tell me in the next breath that you cannot say about St. Cecilia-street?—They are appointed from the general class of students. When appointing them we don't inquire what school they come from.

1890. I did not ask that—you say the resident pupils, appointed by the staff, are selected indiscriminately from all the Dublin schools, and you won't tell me that you have appointed even one from the St. Cecilia-street School?—you don't surmise that. I do not think I shall ask you any further questions.

1891. Mr. ANASTASIOU.—I see by the return furnished to us that while you have ninety-seven beds in the hospital, the average number in daily use is only forty-five—is not the inference to be drawn from these figures that the number of beds in excess of your requirements?—No; but we have not funds to keep the institution at full work.

1892. But you think there is an actual requirement for that number of beds?—I am quite certain there is. If we had funds, there are patients for more than twice forty-five beds.

1893. And you have been obliged to reduce your number of patients?—Certainly, for want of funds.

1894. The CHAIRMAN.—Do you think that there is any

necessity at all for the continuance of that hospital?—I do, most assuredly. I am convinced of the necessity.

1895. Would you state generally the grounds of that belief?—Well, from its position, and from the number of the poor end of the artisan classes of the city that it relieves annually. As you will find from the returns furnished by our Registrar, there were upwards of 37,000 cases, patients alone treated by the staff during the twelve months ending 31st March last, including over 5,000 accidents.

1896. I think you said that £1,400 was about the sum that a gentleman would have to pay to become a member of your staff?—It varies.

1897. From what to what?—Pardon me for one moment. This (produced) is the Report of the Corporation Committee on the City Hospitals, issued last month. It says—"The amount of work done at this hospital—(that is Mercer's)—is very large. There is no hospital in the city, from its central position, more indispensable for the public welfare."

1898. Very well—£1,400 you said was about the sum that is usually paid by a gentleman who wished to become a member of your staff?—Yes.

1899. And does that not practically exclude a poor man?—It does not, because it did not exclude me, and I was a very poor man.

1900. Still, it is not everybody that can command £1,400 at a moment's notice?—I have known the very poorest men in the city to purchase these appointments. I can mention two instances—I was one of them myself, and the late Dr. McDermott was another, who purchased into the hospital, and who borrowed the money for that purpose, paying it off subsequently.

1901. Mr. KENNEDY.—That is highly creditable to you, Dr. Nixon. Tell me—there was some altercation, I think, between Trinity College and the Ledwich School as to the acceptance or rejection of certificates?—Yes.

1902. What was the cause of that?—It occurred nearly ten years ago, during the lifetime of the late Dr. Ledwich, in this way. It was necessary for a medical student who was attending an arts course in Trinity College, in order to get off a portion of that course, to produce a certificate that he was in attendance upon hospital practice—namely, at school lectures. Dr. Ledwich, in his capacity of Surgeon to Mercer's Hospital, was applied to by a student of Mercer's Hospital for such certificate, and issued it as follows:—"Trinity College, Dublin.—To the Senior Lecturer.—Mr. Seandao has diligently attended the practice and clinical lectures of Mercer's Hospital from the 1st November, 1876, to April, 1877.—Signed, EDWARD LEWIS; date, January 16th, 1877." This is what is well known and recognised, by every one who knows anything of the subject, as a current certificate. The date proves it to have been a current certificate, and when it ceased to be current, it became wholly useless for the purpose for which it was asked and issued. The sole informality was that the word "current" was not written across it, but, as I have shown, the date—January 16th—proved it to be current.

1903. Was that not the certificate of Mercer's Hospital?—I understood it was the Ledwich School certificate that was objected to?—No, the Ledwich School had nothing to say to it at all, and that is why—I say with all respect—the Trinity College people made fools of themselves.

1904. Understand me, now—you say that the majority of your staff has been selected from the teachers of the Ledwich School?—Yes.

1905. And I asked you if you had students from the Ledwich School, and you answered that they came from all the Dublin schools to Mercer's?—Yes.

1906. But you could not tell me that one came from the St. Cecilia-street School, and I take for granted that they do not. Why, then, did the people from your own side reject your certificate?—They never rejected the certificate of Mercer's Hospital.

Nov. 5, 1884.

Mr. F. Alcock  
Strom,  
P.O. 4-4-4.

Nov. 7, 1895

Mr. E. Keenan,  
St. James,  
F.R.C.S.D.

1607. Of the Ledwith School?—They did.

1608. That was my original question—why did Trinity College reject the certificate of the Ledwith School? I did not say a word about Mercer's till you introduced it!—Because the certificate to which they took exception was a current certificate from Mercer's Hospital, signed by Dr. Ledwith in his capacity of surgeon to Mercer's Hospital—(he was also Registrar of the Ledwith School)—and issued to a student of Mercer's as such. And, instead of rejecting the certificate of the hospital, if they could persuade themselves that they were justified in rejecting it, they took the most extraordinary, and irrational, and inexplicable course—one which they never could defend, and which, I believe, those who understood the facts of the case were afterwards heartily ashamed of—of refusing the certificate of the Ledwith School, a totally separate institution.

1609. Then they did refuse those certificates, and your only explanation of that is that they are heartily ashamed of having done so?—I have given you the explanation fully, and I am certain they were ashamed, because they subsequently retraced their steps, and now accept the Ledwith School certificate.

1610. The CHAIRMAN.—Following on that—you say you enter the attendance of your students by their putting their names down in a book?—Yes.

1611. But could not one student put down the name of another, or of two, four or six others, after his own?—I suppose he could, if he was nimble with his fingers, and a handy fellow with the pen.

1612. And I suppose that is done?—Never—to my knowledge.

1613. Now, have you not a very shrewd notion that this is the reason why Trinity College refused your certificates?—Oh, certainly not. If you ask me my shrewd notion why the certificates were refused, I would say it was on account of the jealousy that then existed between Trinity College School and its Registrar of the Ledwith School, because of the success of the latter.

1614. Mr. KENNEDY.—Did I understand you to say in reply to one of the Chairman's questions, that the physician or surgeon on duty attended the signatures in the students' attendance book each day, by drawing a line after the last, and adding his own name?—Yes.

1615. And do you now say that it is possible for one student to put down the names of half a dozen after his own—surely the physician or surgeon who attends the signatures would observe that those were all in the one handwriting?—We carry out the requisitions of the General Medical Council, which provide that we are to have an attendance book in which the students should sign their names on entering the hospital each day. That book is in the custody of the hall porter, and after the morning visit a line is drawn at the end of the names, after which the surgeon or physician on duty adds his signature.

1616. But does not the surgeon or physician first endeavour to verify the signatures—to see that half a dozen of them are not all in the one handwriting?—It would be utterly impossible for the surgeon or physician to stand by and see each name signed. But the book can be produced and I think you will find that there are no signatures as you suggest in the same handwriting.

1617. Mr. HUTTON.—Is it owing to the difficulty of getting Governors who are true gossamers that you have Governors who set the rules of the hospital at defiance by continuing to set on the Board although they never pay one penny towards the funds of the institution?—I don't know who you allude to; but I don't think there is any power of removing a Governor, even if he does not contribute towards the funds.

1618. There was such a power, however?—I don't remember it—I think not.

1619. I beg pardon, there was a by-law which provided that any man that did not pay his two guineas a year ceased to be a Governor, and that was obliterated a short time ago—that is the fact, I know?—I did not know of it—it must have been before my time.

Mr. Edward Steiner O'Grady, F.R.C.S.,

1620. Mr. O'Grady, you are Senior Surgeon to Mercer's Hospital?—I am.

1621. Since when, as you tell us?—I was appointed Surgeon there, November, 1895, and became senior Surgeon on Mr. Ledwith's death.

1622. You heard what the last witness said?—I did—I heard every word of his evidence.

1623. I don't think I need repeat those questions again—have you got anything to say in reference to the statements he made?—A good deal, and I would rather do so in reply to questions than volunteer evidence. I might say, however, with regard to the statement by the Registrar that this document (the replies to queries) was authorised by the Board of Governors, I will not contradict him, but my knowledge on my part with regard to it is contrary to that. The blank sheet of queries that was sent out by this Commission to Mercer's was once or twice laid on the table there, but it was not voted on by the Board of Governors, nor were the answers submitted to any Board of Governors. All I know of their having been sent in was that when I asked to see the query sheet one day I was told it had been filed up and forwarded to your secretary. No Board of Governors was ever summoned to authorise it.

1624. You are a Governor yourself?—Yes, since about 1867.

1625. And you did not see this document?—A blank sheet I saw, but not the answers, and I can state that there is no authorisation of them on the minute book of the Board, and no direction to the Registrar to send them out, nor as far as I know (and there are Governors in the room who will contradict me if I am wrong) were they ever considered by the Board. Moreover, there are many statements con-

called and examined by the CHAIRMAN.

tained in those answers that do not give a correct view of the facts at all events.

1626. Will you state the answers to which you object?—I will—I quote many of them.

1627. Begin at the beginning, and state the first to which you have any objection to make?—No. 6.—“State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings?—Eight Governors.” I presume that is right. I have not tested it, but when I attended those meetings I would consider eight a very large Board—an extremely large Board. Therefore that number is rather, and I thought that five or six members would have been a more correct number to have given. No. 7.—“Give the list of the Governors and Directors, and state the names of each individual, the number of Board or Managing Committee meetings at which he has been present during the last three years?” I do not know by what authority the answer to that was sent in. There are twelve on the list of Governors, as given in the last reports of the hospital (issued 1885) whose names are not here at all. Three of the gentlemen given here have resigned, and two are dead. Messrs George F. Duffey, M.P., Henry A. Cooper, and James Rossmore have retired, Messrs Thomas Jackson and Marshall Clarke are dead; and there are twelve gentlemen whose names are altogether omitted—Samuel H. Close, Sir Jocelyn Cophill, Bart; J. Marshall Murray, George Orr Wilson, Francis Dumas-Langworth, &c.; James L. Wise, J. D. Gards, E. P. Westby, J.R.; R. Hillas, &c.; Rev. Robert Shaw, Captain Barlow, and George Mayers, &c., &c.

1628. And all these gentlemen whose names are not given in the return to us as all are governors?—



Yes; they were included in the list of Governors issued with the very last report from the hospital.

1629. Therefore, these answers which have been given to the Commission are not true?—Well, they are incorrect.

1630. Incorrect. I don't mean to say anything further?—I was pained to ascertain for it, especially when I heard it stated here that those answers were sent in by the authority of the Board—I could not understand it.

1631. Well, that is not exactly what the register stated; but he did say certainly that we might consider these as the register of the Governors?—It was a blank sheet that I saw on the table. When it was filled up, or by whom, I do not know.

1632. And you, a Governor, never saw the answers?—I never did, and it was for that reason I wrote to your secretary to see them.

1633. Do you mean to convey by your evidence the hospital is really managed by a number of gentlemen who are friends one of the other—in plain English, worked by a ring?—That would be a very hard word to put it by, but it is something very like that.

1634. I am not offering any opinion of my own concerning the matter, but is that what you want to convey to the Commission?—It is something very like that. The hospital is pretty much managed by four medical men, two of whom are relatives, one of whom has been almost invariably in the chair, and exercising a double vote as such, because, despite what has been said by Mr. Nixon, the chairman does vote.

1635. The chairman votes?—Yes; and he may exercise a double vote. On a certain occasion a relative of Dr. Nixon was himself elected to an office in the hospital by the double vote of the chairman, who first made up an equality and then constituted a majority.

1636. Are you satisfied with the answer to No. 94?—Yes. As a rule the directors do advertise before undertaking any large expenditure, but—

1637. But what?—But on a recent occasion a large sum of nearly £200 law costs was paid without the bill having been submitted to any managing committee. It was brought on suddenly at a board meeting and paid without any documents or vouchers being exhibited, so far as I understand; but the register is here and may be asked about that. However, I believe as a general rule the answer is correct, although there are exceptional instances, as I say.

1638. Then I suppose you would be of opinion that the settling of the accounts by the Managing Committee is not satisfactory?—Oh, no dissatisfaction ever existed in my mind about that. I am not a commercial man, but I presume by auditing you mean examining the accounts at the end of every year?

1639. Yes?—I believe that everything paid is entered in the strictest manner, and that all items are vouched. I have never known any instance to the contrary, nor have I ever had any suspicion on my own mind to the contrary.

1640. Then I suppose you have nothing to say to the answers of the next two or three questions?—No, but to No. 15—"State distinctly upon what grounds you claim a continuance of the present grant." The answer given is—"That this institution unalteredly, for a period of a century and a half, afforded medical and surgical aid to the poorest of the stricken and labouring classes, of whom it relieved this year over 27,000." I wasn't any that that is an untrue statement, but how they make out the 27,000 I cannot ascertain. In that answer it is 27,000, and in the answer to another query (24) it is given more precisely as 27,323. I cannot understand how that number is computed. I do not see how by any possibility it can be computed. I can tell the number of my own external patients, because I happen from curiosity to have had a record kept for the last five years or so showing the number of patients I have attended each day, and the days I have been away

from the hospital; but that 27,000 is a peculiar computation, and I don't know how it is made up.

1641. The answer to query 15, giving 105 as the average number of students on the books as receiving instruction during the last three years, I suppose is the one you next object to?—Well, we had 191 students on our books in 1880-81, but I am sorry to say that the number has gradually and steadily decreased since. You asked a question of the last witness as to the number enrolled this year. On the 4th November I was told that there were 12, and on 26th November I was informed the number was 32, as compared with 12 in 1880. I was merely informed so. I do not vouch the statement. I cannot attribute the loss of the pupils altogether to the absence of an operation theatre, for the simplicity of that number had sunk very low indeed before the taking down of that theatre. In my opinion very much is owing to the loss of senior men—the old hands who, up to a few years ago, were connected with the institution. Their services were psychically affected the hospital. Then the number of beds has been reduced, and we all know that the study of operative surgery in a hospital depends upon the number of cases, and there has been a prohibition, almost, of country cases coming in. The students complain that they do not get the same instruments at Minc's as in other hospitals.

1642. Just go back a minute. Would the 27,000 patients be made up by counting the same people who attended several times, or separate cases?—It necessarily means the attendance, but the 27,000 attendances cannot by any earthly possibility be vouched. If I said 27,000 and you said 27,000, neither figure could be vouched. There is no record kept of the external patients. There is a record kept of accident cases and a record of intern cases, but there is no record of the dispensary attendances, unless the little private one I kept of my own.

1643. Are you satisfied with the answer to query 16, giving 151 as the average daily number of students actually attending the hospital?—Well, I do not know what the average number on the books may have been, but there are certainly not fifty students in the mornings now—nothing like that number.

1644. Fifty students is given as the average number for the last three years. Are you satisfied with that?—Well, for several years past I have not seen fifty students there of a day.

1645. Pass on now to 17. Are you satisfied with the system of nursing in your hospital?—Our day nurses I have, as a rule, found extremely good—some of them, I believe, the best in Dublin. Our night nurses I have often found abominably wretched. The assistant nurses are, of course, the wardmaids—scrubbers. The superintendent is the matron, and the night nurse appointed the other day over the accident ward also holds a diploma.

1646. How are the night nurses selected?—The same way as the day nurses. I believe there has been a newly-appointed night nurse with a diploma. I should state that the night nurse appointed some months ago appears to be a most attentive woman, but in past years they were wretched. When I spoke to the matron about one of the nurses not very long ago, she said, "Oh, she is well enough when she is not used."

1647. "When she is not used"?—That is a positive fact—the matron made that reply to me when I spoke about a nurse that really should not have been there at all. In fact, the night nurse is looked upon as an inferior nurse, instead of being regarded as a superior officer in the hospital, because everything is under her care at night.

1648. How long was this woman there who was very well when she was not used?—She was there off and on for years, from time to time. I often complained about her, and the patients frequently complained about her too—of people being left at night under her charge. As I say, the night nursing was very bad—was wretched in the past—but the night nurse appointed some time ago appears to be a most excellent woman, and of good character.

Nov. 7, 1888.  
Mr. Edward  
Stanger  
O'Connell,  
P.R.C.S.

Nov. 2, 1891.  
Mr. Edward  
Stewart  
O'Grady,  
F.R.C.S.

1649. I do not quite understand from you how the night nurses are appointed?—I said in the same way as the others. It is nominally the Board of Governors that appoint the nurses, but it is really the matron who makes the selection, and properly so.

1650. Where does she get them from?—Wherever she can—she picks them up wherever she can get them. It is very hard to get good nurses. The pay is wretched.

1651. She gets them where she can?—I do not really know where she gets them. Of course there are special nurses engaged in cases of emergency, and there are a couple of women, most regular and attentive to their business, that I always try to get when I can. But I don't take that holding diploma makes them any better. Some of the best nurses that I have come across in private practice have been the nurses of the Sisterhood in Mount Street—some of the very best nurses.

1652. We will come now to question 13, giving ninety-seven as the total number of beds in the hospital?—Well, that is obviously a clerical error. There were never ninety-seven beds for patients there. I counted them yesterday, and the number of beds in the wards at the present time is only sixty-seven. There was a ward that once contained twelve beds, and that is now used as an operation-room, and a ward that used to have eight beds, is now used as a room for the resident pupils to sleep in. I am not aware of there ever having been any other beds, except two in two small separate rooms.

1653. The answer to the next question is 45-105—that is given as the number of beds in daily use during the past twelve months?—Yes, and those have been reduced still more—to forty-one.

1654. That is a very small number of beds, is it not?—Yes, a mere farce. Continental surgeons have from 150 to 200 beds each. It is almost impossible—it is impossible for a man to have the experience which an hospital surgeon should have with such a wretched parody as that. No surgeon should have less than sixty beds. You cannot have surgical position, or character, or reputation made out of nothing. One's is a mechanical art, and if you have not patients you cannot become a master of that art.

1655. Do you know of any other hospital with so small a number of beds as this?—There is no such thing in Dublin. For some years, during the re-building of Jervis-street Hospital, the number of beds was down to eighteen, I understand. That, however, was obviously a temporary thing—a big building was growing up beside it.

1656. Then question 20—"State the proportion of day nurses to beds occupied?"—One to fifteen each, the nurse having an assistant?—That contrasts curiously with query 31, one would fancy—"State the proportion of night nurses to beds occupied?"—One to twenty."

1657. Then question 22?—I know nothing about that—the ages of the nurses.

1658. Question 23 states that the Board of Governors is the authority which appoints and discharges nurses?—That is theoretically an understood thing.

1659. Then 24 gives the number of intern cases treated during the twelve months ended 31st of March, 1885, at 851, and the number of extern patients, including dispensary, accident, and midwifery during the twelve months ended 31st March, 1885, at 27,338?—I presume the first figure is correct, but the 27,338 I have said enough about already.

1660. Then 25?—That gives the composition of the professional staff; there are some inaccuracies of description, but that is all.

1661. Twenty-six—"Do any and, if so, which of the members of your professional staff receive remuneration from the funds of the hospital?"—The resident surgeon is the only one that receives payment.

1662. I was going to ask you have you known of any money being paid by persons who wished to be appointed on your staff?—I paid £1,140 myself.

1663. And who gets this money?—Does your question refer to the present or to the past?

1664. You have been in the hospital since 1869?—Yes.

1665. And when you joined it how was that money distributed?—When I joined a portion of that money went to the man going out, provided he was alive; but if the vacancy was caused by death the money paid by the man coming in was divided amongst the visiting staff.

1666. Mr. KENNEDY.—And no portion paid to the representatives of the deceased medical officer?—No. There is a gentleman in this room who paid £750, and that was divided amongst his electors—he is in the room now.—Dr. MASON.

1667. The CHAIRMAN.—Do you know of a vacancy having been created for that purpose?—Before my day that occurred, and it has been attempted in my time but I stopped it.

1668. How long has this system existed now—of purchasing positions on the medical staff?—Oh, the members of the medical staff have always paid money for their appointments, and I think very justly so. Every member of the staff has paid for his appointment.

1669. And in the past the purchase money was divided amongst the staff—how is it now dealt with?—When I joined the hospital if a man was "resigned" he got the major portion of the purchase-money, and a sum of £330 or something like that was divided amongst the other members of the staff. If the vacancy was caused by death, as I have said, the whole amount of the purchase money was divided amongst the staff.

1670. Now, when did that come to an end?—In 1868 it came to an end under the following circumstances—I did not approve of it. I received three fifty pounds myself, but I did not approve of it, and we entered into an arrangement that after making provision for some such appointments for a few vacancies, the habit of the doctors getting anything should cease, and that the money should go to the improvement fund. And in that way we have created a fund that totted up to eight hundred odd pounds. £109 of that was given already to the building improvement fund, and the remainder was lodged on deposit receipt in the names of myself, Dr. Neenan, and Mr. Mason. They wished me to assign it some short time ago, and I refused to do so; where it is now I cannot tell you.

1671. There is no question there in Mercer's? No, not at present. An empty ward is used for that purpose at present. We went at question 28, as to the remuneration of the professional staff. I have told you that the resident surgeon receives a salary. He gets it as apothecary. I suppose the answer to 29 is general. The question is—"At what time do the visiting staff visit the hospital," and the answer is "8.45 a.m. daily."

1672. You have nothing to say to question 30, I suppose?—No, I think you have gone fully into that. Two physicians have twenty-one beds, and three surgeons forty-one beds. Question 31 is—"How are the patients admitted to your hospital," and the answer is, "Accident cases are admitted without any recommendation, other cases are admitted by order." Perhaps that may be elucidated in this way—I held in my hand the last report, which says—"The Governors are still unable to open the chronic ward, and though with considerable regret, they have deemed it indispensable under present circumstances temporarily to reduce the number of beds, and to discourage the introduction of cases from remote parts of the country, except when specially recommended." Well, the remote parts of the country means outside the Church-road, and a special recommendation is to be signed by two members of the staff or two by Governors.

1673. The accident cases dealt with in question 32

are returned as 5,828 for the last twelve months, you have already spoken of it?—Yes.

1674. Well, as to question 35—"Do you receive cases of infectious diseases?"—Well, occasionally cases have come into the hospital of fever. I am cognizant myself of two cases of typhus fever being in the hospital this summer, and treated in the ward amongst other patients.

1675. Now is it not the fact that the Medical Council insist upon students attending at a hospital of 150 beds, or thereabouts?—The Medical Council I don't think have any rule on the subject; but the different licensing bodies have their own rules, and the London College, I have recently ascertained, requires that no London hospital shall be recognised which has less than 150 beds, and no provincial hospital with less than 100 beds. There were some letters written to the newspapers some time ago commenting on our small number of beds, and the editor of one of our medical journals took up the subject and spoke of the institution being in danger, and I think that is the reason of our students falling off, though there was an attempt to hoodwink the public by stating, through means of an advertisement, that we had control of 300 beds.

1676. Let me hear that again?—In the hospital prospectus, which was advertised in the *General Advertiser*, and I suppose in other papers, it was stated that arrangements had been made with Cerkinstown Fever Hospital and the Ophthalmic Hospital, whereby students would have the advantage of attending institutions with 300 beds.

1677. Was that published, did you say?—It was published in some hundreds of circulars, and also as an advertisement in successive publications of the *General Advertiser*. You will find it in the issue of this paper of the 19th and 26th September. Then, early in October, a leading article appeared from Dr. Jacob in the *Medical Press*, in which he stated that this was striking at other hospitals below the belt, since which that portion of the advertisement has been withdrawn.

1678. You heard what was said in answer to me as regards the attendance of students—the way, I mean, of shocking their attendances?—Yes; there is a book left in the hall and students enter their names, and I have heard the porter directed to see that they do not enter their names in duplicate. I have never seen anyone doing such a thing, and I was not aware of it.

1679. But do you think that such a system is of much value as a record of attendance?—It is valueless—I regard it as utterly valueless.

1680. So that the answer given of the daily attendances is worthless, you think?—I have stated that there were never fifty men attending of a morning that I could see. There might be fifty men, and more, of an odd day, when we had a heavy operation on; but I would consider twenty-five a large class going round with me in the morning. There is another error I would wish to correct—I am not aware that three guineas is the sum paid in Cerkinstown for pupils entered from Morley's. The Secretary of the Medical Board is here, and can correct me; but my recollection is that the resolution passed was to pay to Cerkinstown Hospital one-twelfth of the money paid by students to us. That is my recollection of the rule passed in connection with the 300 beds arrangement.

1681. Would you endorse the opinion of Mr. Nixon that the Ledwith School is the best in Ireland?—Not if I can to believe the students themselves.

1682. But you heard that stated here?—Yes, but you know every man is fond of his own child, and the gentleman who expressed that opinion has a very large treasury interest in the Ledwith, and may believe it to be, as he states, too, but I would not. Comparing it with the University School, for instance, it is hard to do so.

1683. You said that this sheet of answers to our

questions was not submitted to your Board as a Board—can you give us any reason why that was not done?—I said that I did not know of its having been submitted to the Board, and, moreover, that there is no record of that having been done.

1684. And why was it not done?—I fancy it was through the extreme carelessness of the governors not making up a quorum, or, perhaps, there was other business. I have not attended the meetings of the Board for some months past, but my statement was, and I adhere to it, that the answers on that sheet are not the answers of the Board, because no Board ever gave them.

1685. Why have you not attended the Board meetings of late?—Is it necessary that I should answer that?

1686. Well, I should like to know?—I send cause to complain of the conduct of an officer of the hospital, who is a relative and connected otherwise with some members of the staff, and my opinion was taken objection to.

1687. Was it in your professional capacity that you had reason to find fault with that person?—Yes, I considered that my directions with regard to the patients were not carried out, and I objected, and complained to the Board of Governors. Finally, things went further, and I discovered that I had knocked my head against a stone wall—the officer in question having relatives on the Board. I was greatly insulted, and have not attended the Board since—in fact, I have for that reason remained away. I would be very glad if this Commission would call for and inspect the Board books, in which you will find observations concerning me which no gentleman—no man having the feelings of a gentleman—could ignore.

1688. Then you think that the answers to many of these questions sent out by us are incorrect, and that the general return is worthless?—Oh, I did not go that length—I have given you my considerations or corrections of these answers sincerely.

1689. Yes, and you contradict point blank some of the most important of them?—Any that I have contradicted I can prove to be wrong. I am in a position to substantiate all that I have said. There is one question that was asked of the last witness—an important one—with regard to there being a book in which to record the complaints of patients.

1690. Is there such a book kept?—No, there is no such book. There is an observation book for complaints by governors—one governor against another—but none other. I was told by one patient that she wrote several times to the Board of Governors, making complaints, but that they were never attended to, and there is, certainly, no record of her communications in the books. I give you the statement for what it is worth. You also asked—our some member of the Commission did—so to the governors subscribing—

1691. Yes?—The rule, if I remember aright, is that governors should contribute either one sum of twenty guineas, or two guineas annually; but I am rather inclined to think that the rule has not been observed by any governor elected since I joined the Board. One gentleman has been returned on the list of governors for the last twenty-five years, and I cannot find that he ever gave to the institution one penny piece except his time.

1692. Was he a lay or a medical governor?—He was a lay governor. Several of them do not pay anything at all—the solicitor to the Board is a governor, and he does not contribute. As to the Improvement Fund of which you have heard, it was created with the object, when it accumulated to a certain sum, of completing the building. It was unexpectedly supplemented by a bequest of one of our surgeons, the late Mr. Ledwith—who was succeeded by my colleague, Mr. Ward—who, when he died, left the value of his surgery to the hospital for building purposes. That pleased some eleven hundred and odd pounds in the hands of the Board of Governors, in addition to what they had for building. We have thus a couple of

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Mr. Edward  
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thousand pounds available for that purpose, and I wanted my colleagues to join me in a guarantee for 250 a year, interest on money which, I proposed, should be raised on loan, in order to enable us to complete the amount necessary for building an operation theatre and a dispensary—for the existing dispensary is pestilential, and its accommodation perfectly disgraceful. They, however, declined to do so, and so things remain as they were.

1693. And what became of this money?—£1,160, the amount of the Ledwith legacy, is in the hands of the Government—invested in Government or Indian securities. I don't know which, but it is there and properly invested. The seven hundred and odd pounds which constitutes the second fund to which I refer was some time ago lodged on a deposit receipt in the names of Dr. Mason, Mr. Nelson, and myself, and by the wish of the Medical Board I endorsed it for transfer to the Bank of Ireland, but I cannot tell you anything more about it. There is just one other point I wish to correct—the chairman does vote at the Board of Governors.

1694. You stated that already?—Yes. Dr. Knight on the occasion I quoted voted to make up an equality, and then gave a casting vote in the same interest as his first to make the appointment. In former years the hospital staff was not connected with the Ledwith School, but I believe that if anything happened to me to get me out of the institution at present as one but a Ledwith man would be appointed, and as you have heard I am the only non-Ledwith man on the staff now. The desire is to make it Ledwith School entirely. The appointment of Resident Pupils has, as a rule I think, been very fairly done—there may have been an odd occasion on which the apprentice or relative of a man on the staff got priority, but as a general rule it is earnestly sought to get the best man we can as Resident Pupils irrespective of where they come from. But, of course, the great majority will be Ledwith men, for the simple reason that the greater fund of supply comes from there.

1695. Mr. ARTHURSON.—Do you still continue attached to the hospital as surgeon?—Yes, I am senior surgeon to the hospital.

1696. Although you take no part in the management?—I have not attended the Board for some time past—for some few months.

1697. I have just been looking over the accounts for 1884, and I don't see any mention made of that £700—the Improvement Fund?—No, that is as I find, among the medical men; lodged on a deposit receipt in the names of three members of the staff, or it was so until recently.

1698. And not recognised in the general funds of the hospital?—No.

1699. I see a very large balance—£1,668 odd against the hospital in the accounts for 1884?—Yes, but they sold out a very large sum the other day, I forget how much now towards wiping that off.

1700. To what was that deficiency due to?—Well, the hospital has been gradually getting into debt—it is an old fabric, and expensive to keep in repair. But the greater part of that debt was largely owing to the building of the Napier wing. The late Sir Joseph Napier gave £20,000 to build a wing to the memory of his son, who was our secretary, and it cost a great deal more—it cost nearly £4,000. The hospital is endeavoured to be economically managed, and it is one of the best hospitals in Dublin if it was only more largely supported, and if we had a better attendance of Governors. I am very strongly in favour of an enlargement of the Board, so as to introduce an outside commercial element instead of leaving the institution to be controlled, as at present, by the medical staff, or a section of it. The number of Governors named in our Act of Parliament was 59, and in our last annual report there were thirty enumerated, but half that number have never been in the place during my fifteen years connection with it.

1701. Mr. O'GRADY.—I suppose you have an

observation ward?—Yes; there are four beds in the basement into which cases coming in at night are placed.

1702. Mr. RICHARD MARTIN.—Was it in the observation ward that the two cases of typhus fever to which you alluded were?—No—they were in the medical wards.

1703. And were they sent on to Cork-street Hospital as soon as possible?—No; the cases I refer to were not.

1704. Were they treated in the ward with the ordinary patients?—One certainly was; the other I heard was. But one I saw myself, and can verify that case.

1705. Is it not very dangerous to have infectious fever cases treated in a general medical ward?—Well, it was so represented by the gentleman whose case the patient was under. About a year ago a case of typhus was accidentally admitted from me. On that occasion the ward was cleared out, and some of the other patients caught the disease.

1706. You say there is no record kept of the accident cases?—No, pardon me, there is a fine big book kept in which, I believe, all the accident cases are entered with tolerable accuracy.

1707. And of the dispensary attendances, is there not even an accurate kept of the gross number admitted each day into the Dispensary?—I know of no record except the one my drawers keep for me each day. If the Commission were I can give the number for myself for some years past, but I am sure there is no such record kept for any other of the medical men.

1708. But you say there is an accurate record kept of the accident cases?—Yes; there is a big book in which the cases are very fully entered.

1709. There are some accident cases treated in the Dispensary, I presume?—No; that is of very rare occurrence. Every accident case comes to the hospital, and according to its gravity is taken into the wards as an internal case, or dressed and sent away to attend at the Dispensary as an external case.

1710. Say, for instance, a man breaks his arm, and that it was not a bad fracture, would that case, if treated at your hospital, be entered in the accident book?—Yes, it ought to be.

1711. You say there was about £200 paid for law costs recently?—Yes.

1712. Were those costs undoubtedly paid—taxed or not?—I cannot tell whether they were taxed or not, but I fancy they were—oh, yes. Still the usual course of submitting them to the House Committee first and having them sent on for payment was not adopted.

1713. Mr. HENNES.—As regards Sir Richard Martin's question, your solicitor is a member of the Board, I believe?—Yes, he is a Governor of the hospital.

1714. Isn't it generally considered now most beneficial for the resident surgeon of an hospital to be elected for one year, so as to give a chance for another coming forward—is it not a great boon to get such an office?—No doubt the resident surgeon of an hospital is a very valuable post.

1715. And how long has your Resident Surgeon been there?—Almost two years now.

1716. What age is he, can you say?—Well, I should say he is twenty-two or twenty-three years of age.

1717. And fully qualified?—Yes; he is a Licentiate of the College of Surgeons and a Licentiate of the Apothecaries' Hall. He acquired the latter diploma after the vacancy occurred.

1718. After his appointment?—No, but after the vacancy occurred. The election was not made for some time.

1719. It was kept open for him then?—I will not say so, but the election was not made for some time after the vacancy occurred, although some comparatively senior men offered their services.

1720. Mr. HENNES.—Did you feel the very impor-

test evidence given before this Commission by that eminent surgeon, Dr. Edward Hamilton?—I read all the evidence given before the Commission, but it has got jumbled a good deal in my mind.

1721. You are aware that he is Surgeon to Stevens' Hospital?—I do—I know Surgeon Hamilton very well, he was my own teacher; and there is no man in the profession for whom I have a higher or more profound respect. As I say, he was my teacher, and later on for two years I was doing duty as House Surgeon under him in Stevens' Hospital. I was not the House Surgeon, but I did the duty, you understand.

1722. Very well. He stated in reply to a question of mine that he thought it would be nothing short of a national calamity if advantage were not taken of the opportunity which may now be presented of securing a capitalisation of the Government grant with the view to erecting a grand new hospital somewhere near the site of Christ Church. Do you concur in that opinion of his?—I don't know about the Christ Church locality, but I think by inference I have ascertained that by saying that, in my opinion, a small hospital is a farce, and that with a limited number of beds our surgeons cannot be expected to have that experience which it is desirable every hospital surgeon should possess.

1723. It was in consequence of that I put the question. Are you aware that Dr. Grimsbad stated also that in his opinion an hospital such as Dr. Hamilton described—a large general hospital built and equipped according to modern ideas, somewhere in the neighbourhood of Christ Church Cathedral, would serve all the purposes now served by Stevens' Hospital, your hospital, and probably the Meath Hospital?—Well, I don't remember that, but I would be very sorry to see poor Mercer's wiped out.

1724. You have anticipated my next question?—Allow me. As you have spoken of this subject I may say that I would not approve of an hospital in the locality of Christ Church-place, and for this reason—why go to erect new structures when you have admirable institutions already in existence? Why not enlarge such an institution as Stevens' Hospital, which is placed most conveniently for that end of the city? It seems to me that the crowding down of an hospital in Christ Church-place is quite unnecessary. If you had the Meath at one end of the city and an enlarged Stevens' at the other extremity it would, in my humble judgment, be much preferable.

1725. But the new institution would take the place of the present House of Industry Hospital, which would be abolished—probably of Stevens' if they joined in the scheme; and I would say, certainly of your hospital, because the result of establishing such an hospital as I suggest would be to render Mercer's unnecessary?—I hope not, as I say I would not like to see poor Mercer's wiped out. And I would be glad if the Commission would call for the production of the plans we have for the enlargement of the hospital. A glance at these will show what an admirable institution it could be made if we only had the funds.

1726. If you were not connected with Mercer's Hospital yourself, and free to give an unbiased and unadvised opinion, would you hold that it would be better to maintain Mercer's and Stevens' than to erect a new hospital?—What am I to say to that. Well, I consider that the position of Mercer's for accidents is extremely central, and I consider it has made a very large reputation for surgery throughout the country which—if it is not utterly destroyed—would render it a very great pity to injure the place. It is a fine old institution, and it is a pity to see it in its present trouble. I hope it will be as long more prosperous however.

1727. I suppose, after the melancholy description we have just heard of your hospital, you will hardly venture to suggest that you should participate in the Parliamentary grant, assuming that it was continued and redistributed, unless very drastic reforms

were instituted?—I certainly would have the drastic reforms instituted and give it a leg grant.

1728. Mr. Kewenau—Just let us understand what you mean by drastic reforms. Are you large-minded enough to say that you would like to see the system of management enlarged and changed, or would you rather adhere to the present system?—I should certainly wish to see the present system—by which the institution is virtually under the control of a section of the medical board—changed. I consider that there ought to be somebody outside the governors of an hospital to whom complaints might be referred for independent investigation—charges of nepotism or undue preference in the case of elections and so forth. The mere existence of such a body would have a wholesome restraining influence.

1729. Would you object to a committee of the Dublin Corporation having a voice in the administration of the hospital. They have the power of visiting the house now, but would you object to their having a direct voice in the administration—would you be afraid to give a popular assembly that power?—I would not be afraid; but let me answer your question fully. If such a thing could be arranged that the Hospital Committee of the Corporation should be members of our Board, I would strongly support the proposition; but we cannot do that for this reason—we elect members for life, and once a governor always a governor; but a gentleman might be a member of the Corporation one year and not a member next. I agree, however, that it would be a good thing, and I have myself proposed it to the Board—if we could have the Hospital Committee of the Corporation as governors, but there was the objection raised that I have stated. I have no doubt that if we had such members on the Board our grant from the Corporation would be greatly increased, for they would see the amount of work done, and come to know that we deserve it better than many of the institutions that get it.

1730. Then I take your answer to be that you are not satisfied with the constitution of your present Board?—As worked—

1731. And that you would be greatly in favour of an enlargement of that Board?—Yes. In my opinion that is the cause of our poverty—that we have no men of large mercantile or commercial interest on the Board.

1732. You heard the questions I put to the former witness. Were you present at the election at which Mr. Shackleton was rejected?—I was.

1733. And can you inform me why a man of his position and reputation in the city—at that time a member of the Corporation and as respectable a merchant as we have in Dublin—was rejected?—There was no reason stated. It was simply a ballot election. Each Governor made his vote, and the result was as you have heard. There was no discussion—no saying "we won't have him."

1734. If it was a ballot election, can you tell us how many were for and how many against his election?—I don't recollect that.

1735. I suppose there were scrutineers of the ballot appointed, and I presume their report, giving the numbers for and against, is recorded in your minute book?—I cannot tell you. Oh, yes, the issue of the ballot has been recorded, but I don't think the numbers were.

1736. Were you present on the occasion?—Yes; but I have not a clear recollection of what occurred. It is some time ago, now.

1737. Can you tell us whether there were any white beans at all for him?—I have no high an opinion of the gentlemen to suggest—

1738. I don't ask that question. But can you tell me, of your own knowledge, whether his rejection was an absolute rejection, or was he only rejected by a certain number of black beans?—I don't know.

1739. Is there any one connected with the institution who can give us that information—anybody some one must be in a position to tell us?—The registrar may be able to inform you. I cannot say.

Nov. 2, 1884.

Mr. Edward  
Roper  
O'Grady,  
P.R.C.S.D.

Nov. 5, 1885.  
Mr. Edward  
Stewart  
O'Grady,  
P. 4-6-8-5.

It is some years ago, and I do not remember whether numbers were announced or not.

1740. And is the management of these elections of so loose a character that no man living can tell us whether that rejection was a qualified or an absolute rejection?—I cannot tell you, at all events. But I may say that I do not remember any other gentleman ever being blackballed there. I heard of one other case, but I do not remember it.

1741. Sir RICHARD MARTIN.—You say there is a plan in existence for the enlargement of your hospital. How many additional beds would that give you, do you know?—It would give us something over 100 beds, of which two would be for pay patients. Such accommodation is very badly wanted in a place like Mercer's, and it would tend to supplement our income if a certain number of patients paid

for a week, or something of that sort, and fed themselves.

1742. What was the estimated cost of that enlargement?—About £5,000 for the whole building. But it could have been done in halves—about £2,500 for the first and £2,500 for the second. It would make the hospital the most complete of its size in Dublin—perfect in all its details.

1743. Have you any hope of being able to increase the fund you have now available for building purposes—£3,000 or so—to the requisite sum for the carrying out of these improvements?—I think not—in consequence of the dimensions that have prevailed hitherto. I think they handicap us greatly, but this Commission may aid us, and I sincerely hope it will.

The Commission adjourned, at its rising, until Monday, at half-past 12 o'clock.

Nov. 8, 1885.

MONDAY, 9TH NOVEMBER, 1885.

The Commission met in the Privy Council Chamber, Dublin Castle.

Present:—Sir ROWLAND BLANESBURGH, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. ROBERT W. ARMISTEAD HOLMES, Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

Dr. MYLES having read the minutes of Saturday's proceedings, which were confirmed, the examination of witnesses on behalf of Mercer's Hospital was continued.

Mr. Anthony  
McGuckin.

Mr. Anthony McGuckin recalled and examined by the CHAIRMAN.

1744. You are the Registrar of Mercer's Hospital? I am, sir.

1745. And you sent us in the sheet of answers to our queries?—I did, sir.

1746. Who subpoenaed you to send that in?—Well, in the first instance, sir, I laid your sheet of queries before the Board—at the same time that I submitted the Hospital Sunday Fund and the Corporation papers. I then filled them up in the usual way, but could not get the Managing Committee together before the time expired within which I thought they should be sent in to the Commission. The answers lay on the Board room. The Committee, however, and several of the governors saw them. I said to one member of the Board—who can corroborate this statement—"These papers are a long time here now, and, perhaps, I will be called upon by Dr. Myles for them," and the gentleman replied, "Well, send them in by all means, if they are correct." He looked at the answers, and, after that, I sent them forward.

1747. Then you are responsible for the answers given here?—I am responsible for the answers.

1748. Did any of the governing body look over and approve of them, besides the one gentleman to whom you referred?—Well, the papers lay on the table for a considerable time, and I could not say who looked at them and who did not; but my impression was, as I stated before, that several members of the Board saw them.

1749. You cannot say whether these answers have any authority except your own?—No, inasmuch as none of the governors put their signatures to them. I felt that if I held them over for a Board meeting I might not have them in time. You will see by the minute book, which I have here, that several times the Board met there was not a quorum, and that no business could be transacted. I can vouch for their accuracy, however. I should be very sorry to send you any return that I did not think perfectly correct.

1750. What I want to know is, did you make the

Board acquainted with the fact that we had sent in these queries, and that we required answers to them?—I did, sir. I submitted the query sheet when I received it, as the members of the Board here present will testify.

1751. Was there no special Board meeting called for the purpose of considering the matter?—No, sir.

1752. And was it brought forward at no Board meeting?—No, except that at the next monthly meeting I submitted the papers, together with the Hospital Sunday Fund returns to the Board.

1753. But, don't you think that there ought to have been a meeting called to consider the answers returned to these queries?—It is not the practice, sir—when papers are sent in by the Corporation, or any financial statement, there is no special Board called, but I always lay them before the governors at their next meeting.

1754. This was not a financial statement though?—I sent forward a financial statement too.

1755. Yes, but I am speaking of the answers returned to our queries—did the Board take any notice of them at all?—Not the slightest—I may as well state the thing clearly.

1756. But you did your part—you submitted the sheet of queries to the Board?—Yes, I did my part, and I also sent in a copy of the last report of the hospital with the returns.

1757. Have you any entry of that on your minutes?—Of what, sir?

1758. Of having called the attention of the Board to this return?—No, nor is there any mention of the Hospital Sunday Fund papers, or of the Corporation papers.

1759. Still you did call the attention of your Board to it?—Yes, sir—I said "here are queries sent in by the Hospitals Commission to be answered."

1760. What time was that, on any day?—If I had the query sheet in my hand, to show the date on which

I got it, I could tell you. It was laid before the Board at their next meeting.

1761. I wish to be quite clear about this. These queries were before the governors at one meeting, and they chose to take no notice of them?—Most decidedly they were.

1762. Do you remember who were present when they were so before the Board?—If I had the date of the issue of the paper I could tell you—the next Board meeting.

Dr. Myles.—I sent out the queries on the 7th July. 1763. Mr. McGuckin.—Then it was at the August meeting they were before the Board, I suppose. But I can tell you in a minute. I have the minute book here (refers to book). I find that on the 16th of July there was a special Board meeting.

1764. The CHAIRMAN.—Read whatever is necessary—anything with reference to the matter in hand?—There were present:—Dr. Mason, Dr. Ward, Dr. Nixon, Dr. Knight, Mr. William Jameson, Mr. H. R. W. Adair, Mr. Joseph Abbott, and Mr. Samuel V. Peet. "Proposed by Mr. Adair, and seconded by Dr. Mason, that this Board do now adjourn to Monday next, the 30th instant, at ten o'clock, to consider the present financial state of the hospital." Then, on Monday there were present:—Mr. Thomas F. Taylor, Dr. Mason, Dr. Knight, Mr. Joseph Abbott, and Dr. Nixon. "No business transacted." There was another meeting on the 24th July; present:—Dr. Mason, Dr. Nixon, Dr. Ward, and Dr. Knight. No queries and no business transacted. So that it was before the last July meeting that these papers were before the Board.

Dr. Myles.—On the 7th of August I got a letter from the Registrar acknowledging the receipt of the papers.

1765. The CHAIRMAN (to witness).—At all events these queries were submitted to the Board, and they took no notice of them?—No notice of them.

1766. Now, do you know how the Governors are elected?—I do, sir.

1767. Then tell us how?—They are generally proposed by some one at the Board and there is a ballot for them, when one black bean is one reject, as well as a white.

1768. How did that proportion of black beans come to be adopted?—I cannot say—it was before my time, sir.

1769. In reply to question No. 7 you purport to give us a list of your Governors?—I do, sir.

1770. But it is not a correct list?—I beg your pardon, sir, it is a correct list. According to my books it is correct.

1771. Some of these gentlemen, we have been told, are dead, and others have resigned?—But you will observe the return covers a period of three years, and all are within the scope of that return. Mr. Thomas Jackson died in 1859, and the resignation of Mr. Henry A. Cooper was in 1859; the resignation of Mr. James Boncomet was in 1859; the resignation of Mr. George F. Duffy was in 1859; and Mr. La Touche died in 1859. I should mention that during my thirteen years connexion with the Board Mr. La Touche never attended our meetings, though he was a Governor.

1772. But there are some Governors, are there not, that you have not returned in this list at all?—None, sir. I gave the names of the 31 Governors that appear in the annual report, and I cannot understand the statement that 12 were omitted. At least I sent all the names forward, and the 12 gentlemen mentioned on Saturday by Surgeon O'Grady as excluded were amongst the 31 Governors that I returned.

1773. For instance Alderman Moyers' name is not on this list returned to us?—His name should be there, I think, if he was within the scope of the three years for which the return is made.

1774. And Mr. Samuel H. Close's name is also omitted?—Mr. Close? I never saw the gentleman—he never attended in my time—during thirteen years.

Mr. HOLLAND.—He is not a Governor, I know. He

told me on Saturday that he is not—that he sent in his resignation years ago.

1775. The CHAIRMAN.—Do you know who are Governors and who are not?—Well, some of them I never saw in my life.

1776. Here is a list of Governors printed in the annual report of your hospital, and we have just heard that one is not a Governor at all, and has not been for years?—Mr. Close?—That is not my fault, with all respect. I took the return from my books—he was a Governor, and I saw no letter, in my time, directing us to take him off or I would have done so—with the instruction of the Board.

1777. Who publishes this report of proceedings of Mercer's Hospital?—That report is published by the Managing Committee. I lay the statement before them and the financial statement is examined by them—the accounts are examined every month, and again at the end of every year. But the names of the Governors are copied from one report to the other until I get an intimation that a gentleman is dead or resigned.

1778. The Lord Primate never attended I understood?—No, I never saw him there, and he is not returned by me as having attended a single Board meeting.

1779. No, nor the Lord Archbishop?—No, nor the Lord Chancellor—the ex-officio never attended in my time.

1780. Do the Managing Committee supervise the expenses of the hospital?—They do, sir—they go over the accounts for payment, check them, and vouch the accounts every month; and then there is a general audit at the end of the year.

1781. And they approve of all the expenditure?—Well, any expenditure, sir, outside the current expenses of the hospital is generally done by estimate and brought before the Board of Management.

1782. Have you ever heard of any expenditure without the approval of the Managing Committee?—I have heard of expenses being directed to be paid by the Board independent of the Managing Committee. If the Board met before the Managing Committee would meet these expenses are sometimes passed by a majority of the Board, for the Managing Committee are members of the Board of Governors.

1783. This figure 37,000, the number of the artisans and labouring classes stated to have been relieved last year, you heard what was said about that?—Yes, according to the answer to query 24 that is the number of accident and dispensary cases, and according to the report I have here (produces it) if you add these two together you will find that the sum is 37,000.

1784. Is there a record kept of the dispensary cases?—That information was arrived at by a return from the porter in the hall. All the dispensary patients pass in by the hall and he has a pen book with instructions to keep a rough record of the numbers, so that we may form some idea of the gross at the end of each year. I questioned the porter on Saturday in presence of a Governor after the inquiry hour, and he told me that some mornings there are sixty-four cases, some mornings fifty, and other mornings only forty-seven, that was his reply to me. I took the average of those at fifty.

1785. What you say is the average number per day?—Fifty I took—sixty-four, fifty, and forty-seven, so that roughly I took the average at fifty.

1786. And what would that bring out for the year—not 37,000?—Yes, if you take those two items together; accidents and dispensary cases.

1787. Mr. KENNEDY.—Have you a dispensary every day?—Yes, every day, and even on Sundays.

1788. The CHAIRMAN.—Are you sure that that brings it up—fifty per day?—If you add those two figures together.

1789. What two figures?—The extern patients and the number of accident cases. It will make 37,000.

1790. But according to the return sent in the dispensary or extern cases are put down at 37,225,

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what average would that give per day—much more than fifty, would it not?—But you are not to take Sundays into account. There is not so large a dispensary on Sundays, generally, only about twenty patients.

1791. So I would have expected, but that would increase the average required per week day to produce this figure of 27,328 £.—But I don't know whether it was fifty per diem that I calculated upon for these figures. It should be close upon that however—an average drawn from sixty-four, fifty, and forty-seven.

1792. To pass from that, can you inform us how the attendance of the students are checked or controlled?—Well, sir, I can merely tell you that from observation. I have nothing to do with the attendance of the students. But there is a book kept in the hall, I see it there, and each student signs as he comes in. Then a line is drawn after the last signature and the visiting physician and surgeon of the day attach their names. That however is altogether under the control of the Medical Registrar.

1793. How is your Managing Committee appointed?—They are selected by the Governors. If there is one of the Managing Committee or of the House Committee going out another member is nominated by the Board, and that gentleman may refuse. If he does another is nominated by the Governors; and so on till the Committee is completed.

1794. Have you got any other general observations to make?—Well, I went, since I was here on Saturday, over the house to ascertain the precise number of standing beds, and I found that there is accommodation at the present time for about 120 patients in the institution. I have the figures here, sir, of the number in each ward, and can quote them if you desire.

1795. Do please, give us the figures?—There are at present in the Male accident ward twenty-one beds and room for six additional; in the female accident ward twenty-one beds, and room for six more; in the male chronic ward thirteen beds, and room for four more; in the medical female ward ten beds, and room for six more; in the medical male ward eleven beds, and room for two more, in the Brown ward they had fourteen beds, which have been taken down because when portion of the hospital was pulled down, preparatory to rebuilding, the resident pupils had to be put in there; and in the emergency ward there are four beds, and two more in store.

1796. What is the total?—The total, sir, is ninety-four beds and room for twenty-six additional, and there are several more in store.

1797. You put down ninety-seven beds in the return furnished to us?—Yes, and we could put up 120 in the hospital. In addition to the ninety-four actually there we have some in store.

1798. This (produced) is a paper that was sent to me the other day, I believe it is the copy of an advertisement; just look at it and tell me whether you know anything about it?—No, sir, I do not. I heard something like this spoken of at a meeting of the Medical Board, but I know nothing of it.

1799. I believe this is a copy of an advertisement that appeared in the *General Advertiser* of October the 3rd?—I know nothing of the matter—it is outside my province altogether.

1800. Mr. AMMONSON.—Is your charter in print?—It is, sir.

1801. And there is no difficulty in letting the Commission have a copy of it?—Not the slightest. I will send it to you.

1802. I observe it stated in your last report that "they (the Governors) have also carefully revised and amended the rules relating to the internal management of the hospital, and the distribution of the patients amongst the physicians and surgeons, from which they expect that much advantage will result"—are these rules in print?—No, sir, they are not: but they are on the minutes of the Board meeting.

1803. With regard to the queries sent to your

Board by this Commission, do they appear on the minute-book in any way?—No, sir, they do not.

1804. In no way?—No, sir.

1805. Then, in point of fact, you did not bring under the notice of the Board of Governors the fact that you had received these important queries?—Oh, yes; I told them of it, sir.

1806. But you did not bring it before them in writing?—No, sir, I just told them of it.

1807. Reference has been made to an Improvement Fund, now amounting to over £700?—That is among the medical men themselves, and I know nothing at all about it. That is a matter the Medical Board themselves deal with—it does not come within the general financial statement of the year in any way.

1808. I observed an item "pay patients,"—have you any scale of charges in relation to pay patients?—No, sir; no particular scale of charges. The charges are simply named by the doctor who orders in the particular patient.

1809. It is a matter of special arrangement with each patient?—Yes; there is no rule dealing with that. Dr. Nixon may order in a patient and instruct me to charge him £1 a week or 7s. a week, and another gentleman might bring in a patient at 30s. a week—there is no definite rule or scale laid down; I think each is just charged according to his or her means.

1810. On Saturday it was mentioned that a bill of costs for a large sum—about £200—had been paid without any reference to the Managing Committee?—Yes.

1811. Can you explain the circumstances?—Yes: that was in connection with a law suit about a sum of money that was left to the hospital. The Governors were under the impression that the money should be paid, and they gave their solicitor power to take proceedings to recover it. He only got portion of the money, and he applied for his costs at the last Board meeting. The matter was urgent, so he had to pay the costs of the other side, so the Board sanctioned the payment there and then.

1812. Sir RICHARD MARTIN.—Were the costs taxed in that case?—I know nothing about them at all, any more than that I was directed by the Board to draw up a cheque for the amount claimed as law expenses, and I did so, as appears by the minutes. The cheque was signed—at all cheques are—by three of the Governors.

1813. In the reply to query number 18 you say there are ninety-seven beds in the hospital?—I do, sir.

1814. Did you hear it stated on Saturday by one of the surgeons that there were but sixty-seven beds available for patients?—I think I heard something about that, sir—I did; but I went over the institution with one of the Governors since that, and we counted the beds, with the result I have already stated. Of course, in estimating the total accommodation, I was obliged to take off the Brown ward, which was occupied by fourteen beds, as a pay ward, but which is now temporarily set apart for the resident pupils.

1815. So that off that ninety-seven should come fourteen, at all events, as not used for patients at present?—Well, no sir; they are counted as standing beds. The average number of beds occupied is shown, in the answer to another query, as forty-five and a decimal.

1816. Then you have ninety-seven beds available for patients—do that so?—There are ninety-seven beds at the hospital, but some of them are in store and more of them are in empty wards.

1817. But you have 97 beds and bedding, and everything for them?—Well, I imagine, sir, that the matron has the bedding in the store—I assume she has.

1818. There are never 90 beds occupied, however?—No, never. The greatest number I ever saw occupied in the hospital was 61 or 62.



1818. The CHAIRMAN.—Do you know what the superficial area of the wards is—what floor space do

they cover?—Well, they are extremely large wards, but I could not tell you their superficial area exactly.

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Dr. Montgomery A. Ward, F.R.C.S., examined by the CHAIRMAN.

1820. You are one of the Physicians to Mercer's Hospital?—One of the Surgeons and a Member of the Board of Governors. Before being examined, might I make a few observations, Mr. Chairman—a very short statement in reference to the evidence that has already been placed before you—

1821. Certainly!—In the outset, I desire to state that Mr. McGuckin told me Surgeon O'Grady, in presence of the Medical Registrar, announced his intention to absent himself from this Commission, and not be examined. On hearing that, his colleagues, having conferred together, arranged not to attend, in their evidence, in any way to the internal dissension in the hospital, for fear of injuring the charity. Accordingly, when Mr. Nixon was examined on Saturday, he avoided all reference to that to us most painful subject; but as Mr. O'Grady has thought fit to attend here, despite his undertaking to the contrary, and to open up the old sore, and make most serious charges against his colleagues, we have brought down all the books, and we invite the most open and searching investigation of the circumstances. As he has made his statement to you, I ask to be allowed to reply, and I promise not to occupy your time for very long.

1822. But what we have got to do here, Dr. Ward, is not to investigate any personal disagreements that may have existed amongst the members of your Board. Mr. O'Grady has made certain specific statements—he has given answers to questions addressed to him, and, if you wish to controvert his testimony, I will hear you, but we could not allow you to go into purely personal matters. There would then be no limit to our inquiry.

Surgeon O'Grady.—Mr. Chairman, I hope I may be allowed to say a few words by way of personal explanation.

The CHAIRMAN.—Not at present, sir. (To Dr. Ward).—First of all, let me inform you that Mr. O'Grady came here in obedience to a summons issued by us—

Surgeon O'Grady.—That, sir, is just what I desired to say. One word, if you will allow me. The secretary called upon me to know whether I would come here to give evidence, and I said most distinctly that I did not wish to do so. Subsequently I received your summons, and, in obedience to that, I attended. I did not come as a volunteer.

1823. Dr. Ward.—As Mr. O'Grady has had his say, I would ask, in justice to the hospital, to be allowed to have mine, and, if I allude to anything that is outside the scope of the inquiry, I may be stopped. But I wish to answer the statements made on Saturday, which, if they remained unanswered, might tend to the prejudice of our institution.

1824. The CHAIRMAN.—The best way to do that would be to take up your query sheet, as Mr. O'Grady did, and state wherein you disagree!—But there are certain reasons leading up to that that the Commission is ignorant of, and which—if I am allowed to proceed—it will not take a quarter of an hour to set right. In common justice, I ask leave to answer Mr. O'Grady's statements in detail—justice is all that we want.

1825. But, surely, the best mode of procedure would be to repeat the questions—what points of Mr. O'Grady's evidence do you wish to controvert?—I want to call attention to how once a surgical vacancy was made, and the reasons for it, and also to show that the majority of the staff, being Ledwith men, is due to Mr. O'Grady himself.

1826. Mr. KENNEDY.—What do you mean by one of the surgical vacancies being made?—When Surgeon Morgan died, in about 1876, Mr. O'Grady was instrumental in preventing his place being filled. I have it

all here (in a written statement), and it will shorten matters very much if I am allowed to proceed.

1827. The CHAIRMAN.—Very well—if you prefer doing so, you can make a statement!—When I commenced my studies as a student at Mercer's Hospital, there were two physicians and four surgeons. The hospital was not then nearly so large as it is now, neither was it capable of containing half as many beds, as the Napier wing was not built. Yet, in this small institution, Surgeon Butcher made a world-wide reputation. In 1864 Surgeon O'Grady was appointed instead of Professor Bevan, who resigned, and he paid £1,400 for the place—not £1,150, as he stated.

1828. Do you know how that money was divided?—Oh, no, I was not a member of the staff then.

1829. But, still, you do not controvert Mr. O'Grady's statement that money was paid for these appointments, and that it used to be divided amongst the members of the staff?—Certainly not—I have heard so. Shortly after Mr. O'Grady's election, he began quarrelling with his colleagues, and those fights continued till 1879. Mr. O'Grady fought with Surgeon Butcher, Dr. William Moore, Physician to the Queen—

The CHAIRMAN.—That is just what we object to altogether—we cannot investigate these purely personal matters.

Mr. KENNEDY.—It might as well be said, you know—from his point of view—that his colleagues quarrelled with him.

1830. Dr. Ward.—Is it probable that all his past and present colleagues, and the Board of Governors, are wrong, and that Mr. O'Grady alone is right?

1831. The CHAIRMAN.—Really we cannot inquire as to that—all I want to know is this—is there any distinct statement of Surgeon O'Grady's given in evidence before this Commission which you controvert?—Yes; I will come to that now. Surgeon Morgan died in about 1876, and Mr. O'Grady was instrumental in preventing his place being filled up, thus clearly in my opinion infringing the Act of Parliament.

1832. Why did he prevent the vacancy being filled up?—That he might have a monopoly of cases and surgery in the hospital.

1833. How many beds had he at that time?—How many had he himself?

1834. Yes!—I cannot say. I was not a member of the staff then, but the Registrar may be able to state.

1835. Mr. McGuckin.—There were about fifty beds then!

The CHAIRMAN.—But how many surgical beds?

1836. Mr. McGuckin.—They were equally divided.

The CHAIRMAN.—And how many had each surgeon?

1837. Mr. McGuckin.—Mr. O'Grady had some few beds more than the other surgeons. I could not say the precise number.

1838. The CHAIRMAN (to Dr. Ward).—Proceed if you please!—In 1879 Dr. Ledwith and Dr. McDowell died, both of whom were teachers in the Ledwith School. Now, I am coming to a most important part of Mr. O'Grady's evidence. The Board of Mercer's then consisted of Dr. Mason of the Ledwith School, Dr. Duffy of the Carmichael School, and Mr. O'Grady. At this time Mr. O'Grady had a golden opportunity of preventing a majority of Ledwith men being appointed if he so desired, and out of which he has now tried to make so much capital, but he did not do so.

1839. That is really not to the point at all—it is a mere matter of opinion!—At any rate, Mr. Chairman, the Board appointed Mr. Nixon and myself to those vacancies, and subsequently Dr. Knight, all of whom Mr. O'Grady not only voted for but worked for. Mr. O'Grady in his evidence on Saturday strongly objected to the majority of the staff being connected with the

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Ledwich School, and I want to show that he all along worked and voted for the election of Ledwich men into the hospital.

1840. Is it the fact that the Ledwich School men have a preponderance?—Yes—all due to Mr. O'Grady.

1841. Never mind that—Is it the fact?—It is the fact, but he brought us in to maintain the connexion between the school and the hospital—that is what I desire to show.

1843. I must ask you again to confine yourself, if you please, to the particular point of Mr. O'Grady's evidence that you dispute?—Well, I come to one point that I wish to controvert. Mr. O'Grady, in his evidence when asked to state to what did he attribute the falling off in the number of students, said that in his opinion it was due to the loss of the senior men, and, of course, by inference to the appointment of Mr. Nixon and myself. This I will prove from the books of the hospital to be an unfounded and unreasonable assertion, and on a par with all his other statements. Mr. Nixon and I were appointed towards the close of the winter session of 1879. On Mr. Nixon's appointment there were ninety-eight students on the roll of the hospital, and when I was appointed there were 108. After my appointment there entered twenty-four more for the summer session, making a total for that year of 134 students.

1845. You know that Mr. O'Grady only gave that as his opinion?—But I am stating facts to refute that opinion, and I have the medical books here to prove what I say. The class rose in the year after we were appointed to 191, being the largest number of pupils ever entered on the books of the hospital, exceeding the highest numbers in Mr. Butcher's or Mr. Ledwich's time.

1844. What is the number of the class now?—I will come to that presently. In the session of 1879-80 there were 191 pupils on the roll; 1880-81, 183 pupils; 1881-82, 161 pupils; 1882-83, 143 pupils; 1883-84, 103 pupils, and 1884-85, 89 pupils. The number fell from 191 in 1879-80 to 89 last year. We don't know yet what the number may be this year, as the students have up to the 25th of November to enter. They generally go round the hospitals fast, and having seen when they are likely to get the most advantage, enter there.

1845. But have you had a falling off this year?—We cannot tell that until the entries are completed.

1846. As far as it has gone, how do you compare with last year?—I can tell you the number of entries up to the present, but I repeat nobody can tell what the class will be till the entries have closed.

Burgess O'Grady.—I stated on Saturday that I was informed by the Registrar that the entries on the 4th November numbered twelve as compared with seventy-two in the other year—1880 or 1881—at the same date.

1847. Dr. Ward.—The entries up to the present are seventeen.

1848. The CHAIRMAN.—And what were they this time last year?—I cannot tell that. The line is drawn on the 25th November, and the dates of the several antecedent entries are not given.

1849. How many had you on the roll on the 25th November last year?—At the end of the summer session of 1884 there were 102 on the roll.

Burgess O'Grady.—Might I ask through you, Mr. Chairman, when that line which Dr. Ward speaks of is drawn?

1850. Dr. Ward.—The pupils enter for the winter session on or before the 25th November in each year, and for the summer session on 1st April.

Burgess O'Grady.—Will you ascertain, sir, when the line was drawn after last year's roll. I wish to dispute the accuracy of Dr. Ward's statement.

The CHAIRMAN.—Really, Mr. O'Grady, we cannot lose you now. This is very irregular.

Burgess O'Grady.—I saw myself Dr. Shaw, the Medical Registrar, writing in the name of the eighth

man for last session quite recently. I saw that done with my own eyes.

The CHAIRMAN.—If you have anything to say, Mr. O'Grady, we will be very glad to hear you afterwards, but you really must not interrupt the proceedings in this manner. Take a note of anything you may wish to answer.

1851. Dr. Ward.—May I state the circumstances or causes which in my opinion have contributed to the falling off of the students?

1852. The CHAIRMAN.—Yes—I will ask that question, but first of all you do not dispute Mr. O'Grady's statement that the number of students has fallen off? Certainly not, but they increased after the appointment of Mr. Nixon and myself, and they have lately fallen off. Three causes in my opinion have largely contributed to the falling off in the attendance of the students. The first and chief cause is the quarrel which Mr. O'Grady has forced upon his colleagues and the Board, and which is pursuing to the bitter end to the injury of the hospital, next, the want of an operation theatre and the delay in building it and the contemplated new wing—owing to the difficulty in getting funds, which has been increased in consequence of this unfortunate row; and lastly, to the absolute refusal of Mr. O'Grady to sign an undertaking to give clinical instruction, which all his colleagues have signed.

1853. Have you not had sufficient money in hand to build an operation theatre?—We wanted to build the new wing and the operation theatre together, and we have not enough money for both. If we created an operation theatre by itself the proposed new wing would be spoiled—it would be a mere patch-work thing. Mr. Taylor, a member of the Board of Governors, and I commenced making an appeal to the public for funds, and we had collected some £500 for the building fund when this unfortunate dispute occurred, consequent upon which, as I believe, the funds ceased coming in, leaving us at a stand still.

1854. Mr. KENNEDY.—Would there be any possibility, Dr. Ward, even at this stage of bridging over the gap, of leaving these difficulties, and saving us from all the trouble of this personal controversy?—That suggestion has been thrown out over and over again by myself and by other members of the Board.

1855. If you are well disposed on both sides a settlement even now of these unfortunate differences would be manifestly in the interests of your hospital, and would save us from the necessity of pursuing this disagreeable matter further?—We are all well disposed—all of us, I may say that much for my colleagues, but Mr. O'Grady is implacable. He wants to constitute himself supreme governor and dictator of the hospital.

Burgess O'Grady.—I hope, Mr. Chairman, you will hear me now. It is very hard that that assertion should go forth on the wings of the press without my having any opportunity of reply.

The CHAIRMAN.—We cannot pursue this matter further. I will ask Dr. Ward to confine himself to answering such questions as may be addressed to him.

Mr. KENNEDY.—Yes. We must leave the personal matter to themselves; but to pursue the present line of procedure further would simply tend, as I plainly see, to make the breach wider.

Burgess O'Grady.—All I can say is that it is not possible for me to defend myself without going into a great many things that I have omitted. It is now forced upon me and I must do it.

1856. The CHAIRMAN.—Meanwhile if you allow us we will proceed. (To Dr. Ward).—You heard what Mr. O'Grady said about the nursing?—Yes.

1857. Have you any observations to offer on that subject?—As far as my observation goes the nursing in Marston is abominable. We have a nurse in the female ward who has been thirty-five years there—she was trained under Dr. Butcher and is, in my opinion, capable of instructing every lady superintendent or

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apace in Dublin. Then we have a nurse in the male accident ward who has a diploma from an English hospital. Mr. O'Grady mentioned in his evidence on Saturday that the hospital was chiefly governed by a ring, alluding to his four medical colleagues—may I refer to that—

1858. No.—Then may I mention, sir, that before we were appointed—Mr. Nixon and myself—Mr. O'Grady exerted a letter from us, as a condition of his vote, binding us that we would not agitate for an increase of the surgical staff—that we would leave him a monopoly of beds.

1859. No. What you are trying to do is by asking these questions to get in evidence the very things we object to as irregular and wholly outside the scope of our inquiry—

Surgeon O'Grady—I have no objection to the fullest inquiry, &c.—after what has taken place I want the most searching investigation.

1860. Dr. Ward—May I mention a few facts concerning the enlargement or non-enlargement of the Board of Governors? It is very hard, I must say, when Mr. O'Grady has made his statement in full and without interruption, that I am not allowed to proceed. But I am in the hands of the Commission.

1861. The CHAIRMAN—Do you know anything about the authorisation of the answers to our queries?—Yes; I was present at the Board of Governors—as well as my memory serves me—when those papers all came in; and Mr. McGeehan was told to fill them up in the usual way—as he knew the answers to give. The Registrar, I understood, was just occasionally instructed to fill them up from the books of the Institution.

1862. And there was no further step taken about the matter?—No—not that I am aware of.

1863. The Board simply left it to the Registrar?—Yes—as the Corporation papers and those from the Wesley Hospital Fund were left. The Registrar had the books under his control and all the necessary information at his finger ends.

1864. Can you tell us as regards the appointment of Governors—the answer to query number 3 is that they are elected by ballot, one black bean in five excluding; how did that arrangement come to be made?—I don't know—it was in force long before my time. If my memory serves me aught it was a provision of the original Act of Parliament.

1865. Mr. HURRIS—No, the Act simply says that the election shall be by ballot?—Then it must have been arranged by the by-laws made by the Governors antecedent to my joining the Board.

1866. Is it this Act of Parliament (produced) that you are working under in the government of the hospital?—Yes.

1867. Because it is very explicit in its provisions for keeping up the original number of Governors—over 50?—Yes.

1868. It first says the Board "shall consist of the several persons hereinafter named"—and I have counted over 50 of these, they are scattered over a page or two—and then provides that upon the death of any of these the remaining Governors or say five of them "shall"—it is mandatory not permissive—"by ballot, within two calendar months after the death of such person or persons respectively, elect some other fit person to be a Governor in his place or stead"—you are aware of that, and still have continued to carry on this broken trust?—Well, I called the attention of the Board to that provision the other day—on the death of Captain Bullock.

1869. Yes, but as I have pointed out there were upwards of 50 Governors originally, and that number was to be kept up—the direction is explicit; how is it that you have permitted what is a breach of trust to continue for so many years, in fact getting worse and worse?—I was only one of the Governors—the full Board of over 50. I need not point out, was long before my time.

1870. Still you have been acting, as you tell me, on this Act of Parliament—you have been a member of

the Board since 1870, during which time there has been this continuing breach of trust; have you no explanation to offer?—So I conceived there has been for some years. I had intended referring to that in my statement if I had been allowed to proceed. Mr. O'Grady always objected to the introduction of new Governors, and as one vote in five would reject, and as we seldom had 10 Governors present, members of the Board were unwilling to subject their friends to the chance of rejection. That, in my opinion, is the real cause of the smallness of the number of Governors. I myself suggested Mr. Edward M. Hodgson, of the firm of MacMaster, Hodgson & Co., and Mr. Fisher, secretary to Messrs. Pim & Co.—the latter offered 50 guineas to the hospital if elected—but Mr. O'Grady objected to both. He also objected to Mr. Edward Postell, J.P., whom I suggested on another occasion, and to Mr. Turner, who was the means of getting £100 for the institution; and, in fact, to every one whose name was brought forward, except Alderman Moyers.

1871. That is, no doubt, a good reason for this, so far as you are concerned, but it is peculiar, to say the least of it, to find a Board acting so long in direct violation of its charter. There was a large body at first, and you were bound by your Act to elect a man within two months of the occasion of a vacancy by death or resignation. That is mandatory, and I don't know how you ventured to carry on the hospital for so long in direct contravention of the Act of Parliament?—I can suggest no reason except laxity on the part of the Governors. I cannot account for it in any other way, so far as the past is concerned. But recently I did my best to fill up vacancies, and mentioned names, with the uniform result I have mentioned—that Mr. O'Grady threw cold water on all my suggestions. He always said that a small working Board was better.

1872. The CHAIRMAN—You have given a reason so far as you are concerned, and you add that there was laxity, in your opinion, on the part of the Governors in former years?—Yes. All my nominees were objected to by Mr. O'Grady, and no one likes to propose a friend for a position on the Board, knowing that he will be rejected.

1873. Mr. HURRIS—Can you tell me what the regulations were that created such a storm amongst the students some little time ago?—Yes; I can tell you that the Board of Governors, when they became aware that Mr. O'Grady had allocated to himself a majority of the beds and surgical cases, they caused a redistribution of these to be made, dividing them equally among the three surgeons, as they believed that one surgeon had no more right to extra beds and surgical cases than another. Mr. O'Grady then gave a large dinner party to a number of students, and as a result some of the students—his own disciples and others—held a meeting a few days after, passed resolutions, and came before the Board on two occasions, doing their utmost to compel a restoration to Mr. O'Grady of his monopoly of beds and surgical cases. But the Board remained firm, and refused to do so. Those students, I should state, were not all students of the hospital, but most of them former students—"chronics," as they are called.

1874. I observe that your Act refers to the services of the medical officers being without "fee or reward"—that is repeated several times?—Yes. The medical officers got a legal opinion upon that clause of the Act, and it was to the effect that we do give our services to the Institution free—"without fee or reward"—the payment of fees by students being for their instruction.

1875. But you also get portion of the amount paid by an incoming member of the staff for his appointment?—Yes; antecedent to my time that was the rule. Long previously the surgeons built an operation theatre with their own money, and had a financial interest in the hospital to that extent. I think the practice you refer to originated in that way. The medical staff supplied funds to erect the operation

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theatre, and then, when a man retired, he was paid by the incoming man a certain amount of money as representing his interest, and that gradually increased from three or four hundred pounds to £1,400, which was the sum paid by Dr. Knight, Mr. Nixon, and myself.

1876. And that was divided amongst the existing staff, or a portion of it?—It went to the Medical Improvement Fund lottery—£750.

1877. How many resident medical officers have you?—There is one resident medical officer and three resident medical pupils.

1878. And how many are paid?—Only the resident medical officer.

1879. There is an apothecary also, is there not?—Yes, the officer I speak of is apothecary, and acts as resident medical officer.

1880. But the Act calls him the apothecary?—Yes.

1881. The Improvement Fund you speak of—how is it that it has never appeared in any of the hospital accounts?—The Improvement Fund is the private property of the Medical Board, and Mr. O'Grady was very anxious to hand it over to the Governors, but he had contributed nothing towards it. The amount is made up of three equal sums of £350, given by Dr. Knight, Mr. Nixon, and myself, and we object to give up our control of it at the dictation of Mr. O'Grady, unless he and Dr. Mason contribute an equivalent sum. And there is a resolution on our book (the Medical Board minutes) to this effect:—"That, inasmuch as there was in the possession of the Medical Board a sum of £750, made up of three sums of £250 placed to the credit of the Improvement Fund out of the moneys paid by Mr. Nixon, Dr. Ward, and Dr. Knight on their appointment.—Resolved, that the two senior members of the Board, Dr. Mason and Mr. O'Grady, who have not contributed to the Improvement Fund, be formally requested to subscribe a like sum of £250 each, and that the entire amount be lodged to the credit of the Building Fund, so as to enable the Governors to commence the building of the new wing.—C. F. Knight, Chairman." That offer, I understand, Mr. O'Grady has refused, and we don't see why, under the circumstances, we should transfer our money, unless he and Dr. Mason subscribe a like amount.

1882. The only other question I have to ask is about the certificate of pupils' attendances—that is, for the Royal University degree, I suppose?—And the College of Surgeons.

1883. Trinity College requires no certificate?—No; the London and Edinburgh Colleges and Trinity do not require that any roll should be kept.

1884. On the ground that these returns of attendances are utterly unreliable?—I do not know on what grounds. All I know is that they do not require them.

1885. But don't you know that it is because they are utterly untrustworthy?—I thought that was notorious to every one?—I do not think they are untrustworthy if you ask my opinion. And if you will look at the attendance book which I produce I think you will find that signatures are not in the same handwriting. The hall-porter has charge of the book, and at the close a list is drawn, as has been explained, and the visiting surgeon or visiting physician on duty for the day countersigns them. Mr. O'Grady stated that the average attendance of students last year was not 50, but if you look at the book you will find that he was wrong in that also.

1886. I suppose that one young man signs for another frequently?—It is just possible that such a thing may occur, but at a glance the signatures there appear to be genuine.

1887. Mr. KASHBY.—Dr. Ward, do you believe that the appointment of a medical man to a position on the staff of an hospital in Dublin is of advantage to him?—No doubt, of great advantage.

1888. From both a professional and a monetary point of view?—Certainly.

1889. It tends to the extension of his practice?—Yes; and gives him vast experience.

1890. And therefore you would agree with me, I presume, that the exclusion of a medical man from the staff of an hospital, who has a fair claim for admission, is an injury?—Yes, I do.

1891. And when a medical man pays £1,400, as you and others have done, for an appointment on the staff of an hospital like Mercer's, don't you consider that he gets an equivalent in value for that outlay?—Yes; experience, position, and the interest he has in pupils' fees for teaching. Every surgeon regards such an appointment as of advantage.

1892. Therefore you have, owing to your connection with the institution, received corresponding advantages for the money expended by you. It is no grievance in your estimation to be obliged to pay that sum?—No; I did not consider it a grievance.

1893. Then, admitting that you have no pecuniary claim whatever against the hospital—that you are getting a full equivalent for the money you paid, why is it that you would try to subvert the provisions of the Act of Parliament which directs that upon the death of a governor you shall, as a governor, insist upon the appointment within two months of a new member in his stead?—I have always tried to appoint new governors. I proposed to introduce the gentlemen whose names I have mentioned.

1894. That is quite recently. You were appointed in 1874, I think?—No, in 1879.

1895. And since then you have quietly looked on at the institution administered by a limited number—as illegal number of governors, without raising your voice in public protest?—I did my best in quiet way to introduce new blood. My proposals were all objected to by Mr. O'Grady, and I did not wish by pressing them to put my friends in a false position or to injure the charity.

1896. But why did you undertake to continue when you know you were acting illegally, and within your own knowledge holding a broken trust?—Why did I undertake to continue?

1897. Yes; you are still acting as a governor?—I am.

1898. And you were acting, within your knowledge, illegally, and with a broken trust?—But you must be bound by the majority of the Board.

1899. I am addressing you as an individual Governor, and you admit that, for the sake of whatever advantage you may derive as a practitioner in the hospital, you were acting on that Board administering the institution with your eyes wide open to the fact that your Act of Parliament was grossly violated?—I cannot go so far as that; I admit that vacancies were not filled up as the Act provides they should be, but that has been going on for the last fifty years, I suppose, and all the blame cannot be laid to the charge of the existing Governors.

1900. But since 1879, at all events, you have taken no steps by which the constitution of your Board should be set right, and you have continued to sit at that Board assisting in the administration of this broken trust?—As a matter of fact, I had not read the Act of Parliament—our charter—until within the last three months or so.

1901. That I don't know anything about; but you are aware, you admit, that you are bound to elect vacancies as they occurred, and to thus keep the Board up to its original number of fifty-one, I think it was?—It was only within the last three months that I learned we were obliged to elect, according to the provisions of our Act.

1902. And why did you not, even within the last three months, publicly, and like a man, raise your voice against the continuance of this illegality—as on other occasions I know you can do?—I don't see who I should go into the breach at the present time, when we are in such a state of chaos in the hospital. I have done my best to bridge over difficulties—that would only have tended to widen the breach.

Mr. KENNEDY.—Mr. Chairman, I would not press this further—till a later period of our inquiry. Meanwhile I would express of Dr. Ward and of his colleagues to reconcile these unfortunate differences, or, at all events, to arrange their future line of action, otherwise we must, I fear, take cognisance of this in our Report. It is manifest that, while the present condition of things continues, the interests of the institution, of individuals, and even of the sick poor, must suffer, for, above all things, harmony of action should prevail in a hospital. I move the adjournment of this inquiry as to Mercer's, in the hope that, at a future period of our sittings, things may be presented in a better aspect. To proceed at present would simply mean a loss of time, and a repetition of these painful scenes in which our gentlemen get us to rebut the statement of another. Is may—I hope it will be—for the interest of the charity itself to postpone the inquiry for the present.

1903 *Surgeon O'Grady*.—Before you do so, I will ask you, gentlemen, as Mr. Ward has read a resolution of the Medical Board, to have my reply, which is in writing, also read. At present the thing is incomplete—let everything be above board; let my reply to that resolution be read. I ask that in simple justice. As a matter of fact, I have £300 in that Improvement Fund,—the £750—and he (Dr. Ward) has only £50. That is the fact, as can be proved from the books—it does not rest on my statement.

The room was then cleared, and on the re-admission of the public.

The CHAIRMAN said.—The Commission have come unanimously to the conclusion that they cannot further listen to any of these irrelevant personalities, or to anything concerning the dispute between members of the Board of Governors of Mercer's Hospital and Mr. O'Grady. I have been requested to put certain questions which have been formulated by the Commission, and which I hope you will kindly answer categorically.

1904. (To Dr. Ward).—In the first place, how can you reconcile your conduct that for years you have apparently ignored the Act of Parliament, which is mandatory upon you to proceed to an election of Governors within two months after vacancies occurred?—Would you allow me to read the particular section?

1905. Yes: there it is (Act handed to witness)—It is mandatory, you see!—Well, sir, my answer to that question is this. I called the attention of the legal adviser of the Board—Mr. Cusack, who is present, and who is also a Governor—to that section, and he told me that it was not mandatory—that we were only obliged to elect persons, over and above the others, who we thought were likely to promote and encourage the charitable designs of the said Mary Mercer.

1906 Mr. HUTTON.—But there were over fifty-two Governors originally, and you were bound to elect to vacancies, so as to maintain that number?—That was my individual impression when I read the section, but our legal adviser held an opposite opinion—that it was not mandatory.

1907. Mr. KENNEDY.—The clause you quoted from your power to elect over and above the precise number of the original governors, persons of the character described, but you have not even brought your Board up to the number of fifty-two or fifty-nine, whichever it was—read from the beginning of the section, and you will see that that is an—I will (reading)—

"And he is further tasked, by the authority aforesaid, that upon the death of any person or persons, whose name or names is or are herein particularly before mentioned, whereby a vacancy of a governor shall happen, that then the governors of the said hospital, or any five of them, shall, by ballot, within two calendar months after the death of such person or persons respectively, elect some other fit person to be a governor, in the place or stead of every such person so dying, and as often as any vacancy shall happen

in the place of any of the persons hereafter to be elected, some other person or persons shall in like manner be elected to succeed thereto, and that the governors of the said hospital, or any five of them, may from time to time elect by ballot, such fit person or persons, over and above the precise number hereinafter mentioned, to be governors or governors of the said hospital, as they shall think likely to promote and encourage the charitable designs of the said Mary Mercer, which said person or persons from time to time elected, shall to all intents and purposes be deemed and taken to be governors of the said hospital, as if their names were herein particularly inserted."

1908. The last clause of that gives you an additional power you observe, to go beyond the number of the original number, but the direction to keep up that original is mandatory?—My answer is, that it was only within the last three or four months that I read the Act carefully over. That provision struck me and I called the attention of Mr. Cusack, our legal adviser, to it, and he said that in his opinion it was not mandatory.

1909. But you see what it states there?—Yes, but a superficial mind to mine—a legal mind—thought otherwise than I did. That is the only explanation I can give you. I called attention to the matter on the death of Captain Barlow.

1910. Then do you think that the action of your Board is valid or legal, having disregarded and acted in defiance, I would say, of that section of the Act of Parliament?—Well, that is a legal question which I am not capable of determining.

1911. You are empowered to make by-laws?—Yes.

1912. Can you produce your printed by-laws?—I have not got them here, but I can send for them if you so desire.

It will do if you can send in a copy to the Secretary.

1913. The CHAIRMAN.—Mr. THOMAS A. CUSACK, whose name appears amongst your governors, is also the solicitor to the hospital?—Yes.

1914. Mr. KENNEDY.—Is that the gentleman you consulted as to the provision in your Act we have been referring to?—Yes, and he is here.

1915. The CHAIRMAN.—And is he the gentleman to whom £200 was paid on foot of law costs, without the supervision or the authority of the Managing Committee?—I cannot say that exactly. Mr. Cusack came to the Board and said that he had brought his account, which he stated represented the amount to be paid according to the Judge's order to the opposite party, and his own expenses out of pocket—that he had given him own services gratuitously to the institution, and only charged moneys out of pocket. I was present at the Board when he made that statement, and he had all his vouchers there. As the opposite party was pressing for payment, the Board ordered that a cheque should be drawn for the amount of Mr. Cusack's account, he stating that everything was all right. And I believe that everything was perfectly square and right.

1916. He is both solicitor to the Board and a governor?—Yes.

1917. Was his bill of costs taxed?—I cannot state that, but I am under the impression that he said it was.

1918. He said it was?—I am under that impression.

The CHAIRMAN.—Thank you, Dr. Ward; we have nothing further to ask.

*Surgeon O'Grady*.—May I say one word, sir?

The CHAIRMAN.—Certainly not, I must beg of you not to interrupt the proceedings.

*Surgeon O'Grady*.—It is very hard that these charges should be made against me—charges which are untrue, and that I am not allowed to answer them, or say one word.

The CHAIRMAN.—We have heard you at ample length, Mr. O'Grady.

Nov 5, 1905

Dr. Houghton & Ward,  
S.P.C.K.

Nov. 3, 1912

Dr. Thomas P. Mason.

1919. You are Senior Physician to Mercer's Hospital?—I am; and I will ask you to allow me to make a very few observations to the Commission.

1920. I think you heard the announcement I made a minute or two ago?—Yes; but I will not say a single word personally against any man, and if I do, sir, you can at once pull me up.

1921. All we wish to hear from you is any general observation you may have to offer as regards the management of the hospital?—I wish to state why, in my opinion, Mercer's Hospital is worthy of public support, and also to make a few observations with regard to certain questions put and answered at your last sitting. I will be very brief. I say that Mercer's Hospital is, as I consider, worthy of public consideration and support on this ground—also at all times its doors are open to receive emergency cases in medicine or surgery, and, further, because that every morning there is a large dispensary, which, as far as I am concerned or know, is promptly attended to without question and without remark. The only limit to our usefulness is a deficiency of funds. Allow me, further, to say that I consider we, as an institution, are deeply indebted to the Corporation of Dublin for the grant they give us.

1922. This is all quite irrelevant, you know. Have you anything to say as to the management of the hospital itself?—I merely want to say that I personally would be very much pleased if the Corporation would appoint an Hospital Board to superintend the distribution of our funds and our general expenditure, convinced that when they saw how we manage affairs—how much we do with the little we get—they would give us far more. That is all that I desire to say, but Mr. Kennedy wants some information from me about the Ledwith School, I think.

1923. Mr. Kennedy.—I have no questions to ask you, Dr. Mason, unless you want me to address one to you?—Yes—you asked why the Ledwith School was

disfranchised by Trinity College, and I wish to be examined as to that.

1924. No, Dr. Mason, I did not ask why the Ledwith School was disfranchised, but whether it was the fact that Trinity College refused at any time to acknowledge the certificates of that school?—Allow me to explain the circumstances, as my own son was the party in question.

1925. Certainly—proceed?—My son was the party in question. As was stated here by Mr. Nixon, our medical students are allowed certain examinations of in virtue of being medical students; but, in order to prove that they must produce a certificate of attendance. A form of certificate was printed, which was irregular. I am telling the simple and literal facts.

1926. No one that knows you, Dr. Mason, would, for one moment, think you capable of doing anything else?—Thank you, sir. Then, Mr. Ledwith made some injudicious observations antagonistic to Trinity College, and those, unfortunately, came to the knowledge of the College authorities, and it was in consequence of this and another circumstance that they disfranchised the school, and the other circumstance was that they thought he (that is the late Dr. Ledwith) was the sole proprietor of the school. I called on the Trinity College people after his death, and, on my showing that our certificate was a regular certificate and that he was not the sole proprietor, they returned the school. Since Dr. Ledwith's death the embargo has been withdrawn. I would, also, wish to state that not alone the Ledwith, but every medical school in Dublin is, at present, most admirably adapted and worked for the purposes of teaching—they all confer medical and surgical instruction to the best of their ability, and, in my opinion, Trinity College School is now quite equal to any in the United Kingdom. I would not say one word to the prejudice of any school—as an old practitioner in Dublin now I wish them all success, and bear ungrudging testimony to their efficiency and good management.

Mr. Samuel F. Post.

1927. Mr. Samuel F. Post, Barrister-at-Law, a Member of the Board of Governors, said.—There was an answer given on Saturday, and reported in the newspapers this morning, to the effect that a certain bill of costs had been passed for payment by the Board without the usual preliminary investigation and audit by the Managing Committee; and I wish to give an explanation of that. Those bills were examined by the Board, and they were ordered to be paid under those circumstances. There were two bills, and one—that for the larger amount—was the taxed costs awarded against the hospital in the Crotty will case. The Governors were advised—in fact they were invited by the learned Judge of the Probate Court, who tried the case in question, to intervene.

1928. The CHAIRMAN.—We cannot go into that—the simple question we asked was whether this bill of costs for £200 was authorized to be paid by the Governors in the usual way?—Yes, sir, but not without investigation of the circumstances. And one of those bills was taxed costs awarded against the hospital, for which an execution might have been levied the next day—that was the larger one. The other was merely for costs out of pocket at the hearing before the Judge of the Probate Division, on a new trial motion and an appeal in the Crotty will case, and those costs out of pocket we ascertained to be correct. I may add that the junior counsel for the hospital in that case most handsomely waived all his fees.

Mr. Thomas A. Cusack.

1929. Mr. Thomas A. Cusack, Solicitor.—As my name has been mentioned here, I would just take the liberty, sir, of saying that those costs, as Mr. Post has stated, were ordered by the Lord Chancellor, and were

taxed. That constituted one bill. The other was not a bill of costs, but simply fees paid to counsel, as the gentleman associated with me in my firm have always acted for the institution without fee or reward.

The Commission next heard evidence as regards Cork-street Fever Hospital and House of Recovery.

Dr. Sydenham D. Cusack called and examined by the CHAIRMAN.

Dr. Sydenham D. Cusack.

1930. You are the Registrar of Cork-street Fever Hospital?—Yes, Registrar and Resident Medical Officer.

1931. You filled up the answers to the queries sent out by the Commission?—Yes.

1932. And submitted them to the Board of Governors?—Yes.

1933. And they approved of them?—Yes. The sheet I sent in to your secretary was signed, I think, by the chairman of the committee for the day—Sir John Barrington.

1934. Now, would you tell us more particularly what your duties are?—I have charge of the institution as resident medical officer—so see that the directions of the visiting physicians are carried out. I am also the apothecary and registrar—and, indeed, general superintendent of the hospital, so far as seeing that the orders of the Board are duly observed.

1935. And for that you receive how much per annum?—I got a salary of £250 a year up to the 1st of October, and the Board then kindly raised it to £300 since the first.

1935. But, for that salary of £200 a year, it seems to me that you prefer a station which in other institutions it requires a large staff to discharge?—Yes, there are three or four officers in some of the other hospitals to do what is entrusted to me at Cork-street.

1937. I should imagine, Dr. Chanilloe, that if other hospitals had an official like you they might do a great deal in the way of keeping down their expenses—now, will you tell me how the Committee of Management, referred to in your answer to our second question, is appointed?—From the annual subscribers. There is a meeting summoned generally once a year, and then they are proposed and duly elected from the subscribers of two guineas a year. They pick out—the trustees are united with gentlemen appointed at the annual meeting to form the Managing Committee.

1938. The expenses of your hospital are supervised by a committee?—Yes. The monthly accounts are paid on the Thursday following the first Monday in the month, and before the cheques are drawn the visiting governors examine all the accounts—they go over every account and check it.

1939. Would you not wish that there should be a public auditor employed for that purpose?—I do not think there would be anything gained by that, because everything is paid by cheque signed by three of the governors, and, previous to the cheques being drawn, the accounts are examined by two other governors.

1940. In reply to our query 16, you state that no record is kept of the average daily number of students actually attending your hospital during the last three years—why is that, would you explain?—There are very few students who come in daily—they just come to take out the five or six fever cases, as the case may be, required for the College of Physicians. There is a record kept of the time that they enter, and the period of attendance varies, the general time being for about three months. Then they have to produce a certificate for the College of Physicians of either five or six fever cases which they have attended, which certificate is attested by the physician they were with.

1941. Do you know anything about the nursing in your institution?—Yes. I am very well satisfied with it, and I see the nurses at all times in the twenty-four hours.

1942. And you have no fault at all to find?—No, not the slightest.

1943. I see, from the answers to queries 25 and 26, that your professional staff receive remuneration; the reason for that is, of course, that the institution is a fever hospital?—Yes. I can give you the details of that if you wish.

1944. Yes, please do?—For the year ending 31st March, 1885, there were two physicians with £100 each—£200; two temporary physicians, who received 5s. 6d. a day for each day they were on duty—£33 16s. 6d.; one surgeon, £30; the resident medical officer and registrar, including a fessus tenens, £213 5s. 8d.; the lady superintendent, £130; two collectors—that is recorded in the statistics sent in—£51 6s. 9d.; medical pupils' gratuities £20, and there was a consultation fee of two guineas—that comes to £660 10s. 11d.

1945. Have you any general statement to make about your hospital—anything you could suggest as regards the capacity for expansion?—Yes. I have brought a plan with me (exhibited), showing that we have an area of four acres and thirteen perches inside our walls. We have a large temporary wooden erection there, which, I think, it would be most desirable to have replaced by a permanent structure. That is for epidemics. For instance, last July smallpox broke out in the city, and we received the three cases, put them into that house—isolated them, and there was no spread of the disease throughout the place.

1946. Do you think it would be for the public advantage to increase your hospital?—I do.

1947. So as to make it the central or great fever

hospital for Dublin?—I think that would be of the greatest possible advantage to the city at large.

1948. You had been resident pupil in the Hardwicke Fever Hospital, I understand?—Yes.

1949. Mr. ARMSTRONG.—Does any deed or document exist relating to the foundation of your hospital?—Yes.

1950. Is it in print?—I think you will find it in the printed proceedings of the Commission of 1854.

1951. Does it prescribe the number of governors?—Yes.

1952. Sir RICHARD MARTIN.—I see in your income return an item of £280 17s. from pay patients. What class of patients are those?—That is from the South Dublin Union. The Board of Guardians have made an arrangement with the hospital that all the fever patients from the South Union will be received in Cork-street. Those coming from the workhouse are paid for at the rate of 2s. a day, and when our numbers are over 50, then the patients coming from outside—in the city—are also charged for to the Union. But as long as we are under 50 we cannot charge for any patients—that is the arrangement as I understand it.

1953. What wages are the nurses paid?—Last month—October—there were six nurses at £17 per annum, and there were two assistant nurses at £15 per annum.

1954. And the wardmaids?—There are four scrubbers and wardmaids at £10 per annum. Of course they are all dieted.

1955. Is there any difference made between a night nurse and a day nurse?—No, they go on duty alternately.

1956. The male women?—Yes—alternately.

1957. And the lady superintendent, what does she get?—She receives £120 per annum.

1958. Mr. HURRIS.—We have had evidence to the effect that other hospitals—Mercer's, for instance—pay a fee for each student they send you; what is the fee?—The medical officers get that—three guineas for each Mercer's pupil that is entered with us for three months' instruction in fever.

1959. One of the witnesses said it was only one-twelfth of the fee paid to Mercer's, which is twelve guineas per annum, but you say it is three guineas for each pupil entered with you?—Yes.

1960. Dr. ALLEN.—The one-twelfth is that proportion of the entire fee paid by the pupil during his three years—thirty-six guineas, which would of course be three guineas.

1961. Mr. HURRIS.—I see, that explains the matter. (To witness).—How many pupils enter with you from Mercer's?—Well from 1882 to the 31st March, 1885, there were 43 pupils entered to take out fever cases, of whom 16 were Mercer's pupils.

1962. And they paid three guineas each?—Yes, or rather Mercer's Hospital paid it for them.

1963. You have already told us, I think, that those fees go to the medical officers of the hospital?—They do.

1964. Mr. HOLMES.—I see that your governors are elected by the subscribers to the institution at an annual meeting. How many subscribers are there?—That is subscribers of two guineas a year.

1965. Oh, to qualify for a vote a subscriber must pay at least two guineas?—Yes.

1966. And how many subscribers are there?—I have only been there since January last and cannot say that.

1967. Mr. O'REILLY.—If you have 50 patients in the house and a poor person is brought there, would you refuse to take him or her in?—No, we never refuse such a case. The matter stands thus, with regard to the South Dublin Union patients—when we get patients from the workhouse itself the guardians pay us 2s. a day for them per head, but from outside we also get Union patients—persons that would have found their way to the Edmunds fever sheds when these existed, and we receive

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these in free till there are 50 in the institution, and for the 51st and all subsequent patients the Union pay to the 3s. a day. No one has ever been refused admission since the hospital was founded.

1903. The CHAIRMAN.—That is, for the first 50 they don't pay anything at all?—There must be 50 in the hospital before the outside Union patients are charged for, but it does not matter whether they are Union cases or not.

1903. And you have never known an instance of any person being refused admission to your hospital?—No, never, and I never heard of such a thing either.

1970. Supposing that some of the fever wards were disposed with in the general hospital, and that a patient admitted into the observation ward of one of these institutions was subsequently found to be in fever, I suppose there would be no very great difficulty in transferring that case to Cork-

street Hospital?—Oh, no; it has been frequently done—we have reserved fever cases from several of the Hospitals in Dublin. The moment the medical officers see that a patient is in fever, they telephone to us or send up a messenger, and we dispatch our cabs to transfer the patient to Cork-street.

1971. You have a cab there now?—Yes—for the conveyance of patients to the hospital.

1972. Sir RICHARD MARTIN.—Have you ever taken in a patient at Cork-street supposed to be in fever and discovered afterwards that he was not suffering from that disease?—Sometimes an odd case will come in, but you cannot turn those cases away. We take in patients presenting any febrile symptoms and a person suffering for two or three days might develop such symptoms without being actually in fever.

1973. You just get rid of them as soon as you can?—Yes—as soon as possible.

\* Mr. Abraham Skelton, J.P., examined by the CHAIRMAN.

Mr. Abraham  
Skelton,  
J.P.

1974. You are a Governor of Cork-street Hospital?—Yes, and a Member of the Committee of Management.

1975. Have you got anything to add to what the last witness has said?—Well, I have been for several years a member of the Board, and as Dr. Chaslin has not been so very long an officer of the institution I may be permitted to supplement what he has said somewhat. You asked, I think, about the mode of government—how the Committee of Management is appointed—

Mr. Holmes asked that question, I think?—Yes—well you have it explained in the report of South's Commission. It so happens that we have been talking of revising our rules for some time past, and found that all the copies are gone except the one we had in the report I refer to—Dr. South's Commission. The original rule, however, is that there should be fifteen trustees. The management of the institution is vested in those fifteen trustees and in a committee of six that are supposed to be elected by an annual meeting of the Governors, held in October of each year. We have found, however, that the fifteen trustees are quite a sufficiently large committee, in fact, if one could get half of them to attend constantly we would have a very good working committee; and therefore we have not always elected the additional six. In fact, it is extremely difficult to get gentlemen to attend to act as our committee for the administration of the Cork-street Fever Hospital. Naturally they don't like, very many of them, attending a fever hospital and as a result we find that a great many men, when we have succeeded in getting them on, confine their attendance to election days. The actual working members of the committee number seven or eight, and for the ordinary routine of management and administration that is quite sufficient. Although our theory is that there is a Committee of Management elected at our annual meetings nobody ever comes to those meetings—yes I remember that Mr. Nicholas Lynch, now one of our trustees and member of Management Committee, and a very valued friend of the institution, attended one annual meeting. We were so delighted to have any attendance that we at once put him on the Committee of Management, and subsequently made him one of our Trustees, and he is, as I have said, a very useful member. As to the system of audit—it has always been our custom to have our accounts audited by a sub-committee appointed for that purpose, but I am certain the Committee of Management would have no objection to their being overhauled by a public auditor. Perhaps the public would like that better, and we have no objection to adopting any form of audit it may be thought fit to recommend. Personally I am of opinion that all hospitals receiving grants out of Imperial funds or local rates should submit their accounts for the inspection of a public auditor. I believe that was

once the rule and used to be carried out, but it has fallen out of use.

1976. As to the nursing have you any observations to offer—have you ever heard of any complaints about the nursing?—On the whole we are tolerably successful about nursing. We allow the Lady Superintendent to appoint or discharge nurses, but she must report to us every case of dismissal or appointment and obtain the approval of the Board.

1977. How long has your Lady Superintendent been there?—I should think for about eight years.

1978. And she has given you entire satisfaction?—Well, I don't think there is any human being that gives entire satisfaction to any body of men, but she is a most capable officer, that I can certainly say. I think one member of the Commission alluded also to the question of extension—we have ample grounds, and it furnished with money to build we could have no objection to increase the hospital, but we keep up a great number of beds, as you may see by our answers to your queries, and of course if they were all filled at present we would not have income enough to keep the institution going. Give us the funds, however, and we have ground to extend the hospital, but an enlarged institution will necessarily involve additional income for its maintenance. Our total expenses per bed appear heavy when contrasted with other hospitals, but the reason of that is this—as I have often said before, we have to keep up a war staff in time of peace; we must maintain the hospital ready for any sudden emergency—scarlatina wards for male scarlatina cases, female scarlatina cases, male measles cases, female measles cases, typhus, diphtheria, and even for small pox cases must all be kept prepared and officered, that is the reason why our expenses are so high. As to our arrangement with the South Dublin Union which our Registrar gave you some idea of, I may say that some years ago we contracted with the guardians that they were to pay us for fever patients received from the workhouse and the dispensary doctors of the district. After a time they—that is the Poor Law Board—felt that the bills from Cork-street were becoming rather heavy, and after some negotiation we said that we should be satisfied not to charge for the patients sent us by the dispensary doctors, until the number of cases in the house reached fifty. If there are fifty in the house every patient coming in afterwards from the South Union District is charged for at the rate of 3s. per head, per day, and the moment the number falls below fifty these admitted are not charged for.

1979. Have you ever known of any patient being refused admission?—No, never even in the time of the small pox epidemic. And we get a number of cases from the north side of the city as Mr. Kennedy knows, and from all parts of the country as well. I think if we had only sufficient money Cork-street



Hospital might be enlarged to meet the entire wants of the city in that special direction—the treatment of fevers.

1980. Mr. ARMISTEAD.—I see it was recommended by the former Commission that patients reserved from the unions should be charged for at the same rate as those sent to the Hardwicke Hospital by the various unions, but that been attended to—I don't think we charge as much now as the Hardwicke does.

1981. Mr. KENNEDY.—What do you charge now?—Two shillings per head per day.

1982. That is what the Hardwicke charges the North Dublin Union. As you are here Mr. Shackleton, I want to obtain some information from you, you have considerable experience in the working of the South Dublin Union, I am aware of—Yes. I have been a guardian for several years now.

1983. And considerable experience in the management of Cork-street Hospital, also?—Well, I have some.

1984. And you have some knowledge of the management of the North Dublin Union?—No, except what I read in the newspapers.

1985. Very well. You know that in the Mater Misericordie they take fever patients?—Yes.

1986. And in the Hardwicke?—They do.

1987. Now your hospital and the Hardwicke receive public grants?—Yes.

1988. And it is for that reason, I believe, that the governors of these two hospitals consider themselves at liberty to provide accommodation for fifty pauper patients free. I think the North Union Board insist on sixty free beds at the Hardwicke—I am not aware of their arrangement. I thought that was peculiar to ourselves.

1989. No, I think you will find that what I say is correct. Now I asked a question here as an early stage of our proceedings of one of the medical gentlemen who were examined, and it was to this effect. Is it a right use to make of what I call a national grant, to take union or dispensary fever patients free, whilst the Local Sanitary Board is bound to support those fever patients out of local funds?—Do you wish to ask my opinion as to that?

1990. Yes; if you were perfectly free which would you recommend? I ask with a view to the allocation of this grant. The guardians are bound to provide for the pauper poor out of local rates, and this grant is given for the relief of those who are not of the pauper class, and also for the purpose of promoting clinical instruction, do you think it is a proper use to make of it, maintaining in Cork-street fifty beds, and in the Hardwicke, sixty beds, for cases that ought to be otherwise provided for?—But we don't give fifty beds free. That was a mere rule of thumb arrangement that we arrived at. The South Union Board said their bills were becoming very heavy, when we charged for all the patients admitted from the dispensary districts, and on considering the matter the Committee of Management felt that some of these cases might have been sent in on the foundation, so we said "We won't charge you unless there are fifty in our hospital." The whole fifty might be from other parts; it is only this we said in effect, "We are inclined not to charge you when our institution is half empty." The actual papers from the workhouse we charge for at the rate of 3s. per head per day. I don't think it can be exactly said that in our arrangement we are making use of the Government money in relief of the local rates.

1991. Surely if Cork-street Hospital and the Hardwicke Hospital did not exist the sanitary authority would be bound to make arrangements for the reception of paupers elsewhere?—Yes.

1992. And the poor's rate would be the source to supply that expenditure?—Quite so; but I wish to point out that the sanitary authority, if I understand the law aright, would be bound to provide hospital accommodation for contagious diseases irrespective of class.

1993. But you have power under the Act to make a non-pauper contribute as much as he is capable of contributing, and you have not that power in the case of the pauper—in other words, the sanitary authority for the city of Dublin, and the urban sanitary authorities in the county, are bound to provide hospital accommodation for infectious cases, and can compel the non-pauper poor, but not the pauper poor, to pay on a doctor's certificate?—Yes.

1994. Then it comes back to my original question—and I ask you now in the interest of fair play do you think that in the event of a redistribution of this public grant it would be a right or proper thing for us to go to the English Treasury and say "we take your grant and allocate it to the relief of persons that should be relieved out of local rates?"—I think there is a great deal in your argument, and I have often pointed out to the guardians of the South Dublin Union that if these hospitals were closed they would be bound to provide similar accommodation elsewhere. But when the Kilmainham sheds were open for the reception and treatment of infectious cases people were admitted who could pay, and the South Dublin Union never pressed for payment.

1995. I suppose that was because it was deemed a sufficient test of pauperism their going there when there were private hospitals to which they could have gone—nobody went to those wretched sheds but paupers?—You are using rather strong language now, Mr. Kennedy. I can assure you that the patients were as well treated there as in any hospital that I am acquainted with in Dublin.

1996. The accommodation was not comparable with what you offered at Cork-street, or what is to be had in the Hardwicke or the Mater?—The patients had plenty of good fresh air there, and were admirably attended to.

1997. Do you not think it would simplify our duties here—and this is the question after all, if we could state that we are not applying in the city of Dublin any portion of this Treasury grant to relieve the rates which the metropolitan of the city and county are bound to provide under the Sanitary Act—I have a serious reason for asking you the question, and I desire to have your opinion as an expert?—Will you repeat your question again please.

1998. I want to know whether in your opinion it is a right application of this Treasury grant given for definite and specific purposes, that one penny of it should be devoted in relief of obligations cast by the law on another fund, namely—the local rates; that is the net question at issue?—I believe it would be right and proper that the expense of maintaining the poor suffering from fever should be borne by the local rates. That is a statutory obligation moreover.

1999. Mr. HOLMES.—I wish to ask you a few questions, as I know you are a prominent public man, and well qualified to give us a sound opinion. Does the South Dublin Union send all its fever cases to Cork-street Hospital?—Yes, all at present.

2000. It does not retain any?—No.

2001. Could you say what proportion of the total number of patients in your institution is represented by the entire number so sent?—I could not.

2002. Is it one-half can you say?—I could not say without going into the figures. But perhaps the registrar can tell you.

2003. Dr. CHESLIE.—Do you mean the number of the pauper class in proportion to the entire?

Mr. HOLMES.—Yes, those sent from the unions?

2004. Dr. CHESLIE.—Well, it varies greatly. For instance last month there was an epidemic of measles, and I would say three-fourths of the patients then in the house were sent by the union. Just now we have thirty-six patients, and not a single paying case from the union.

2005. Mr. HOLMES.—I mean patients of the pauper class sent in, not merely those paid for—what proportion of the total number of patients in your hospital is represented by the pauper patients sent from the

Nov 8, 1846  
Mr. Alexander  
Shackleton,  
J.P.

Nov. 5, 1895.  
Mr. Abraham  
Shackleton,  
Jr.

unions, I don't care whether they were paid for or not, I want the number!—About forty per cent. I would say.

2006. And do you receive patients sent from the North Dublin Union as well?—Yes, we do.

2007. Why did they send them over to you instead of to the Hardwicke, which is close by?—I believe the Hardwicke was full at the time.

2008. Thank you. Now, Mr. Shackleton, let me resume the questions I have to put to you. In the Corporation represented upon your Committee of Management?—Well, it so happens that at present there is no member of the Corporation upon the Board, but last year Sir John Barrington and I myself held the dual position of Town Councillor and Governor.

2009. That was as individuals—you did not officially represent the Corporation on the Committee of Management?—No, we did not; we merely happened to occupy both positions for the time being.

2010. I want to put this abstract question to you in order to learn your view on the subject. Don't you think, as infectious diseases are the result of unsanitary conditions with which the sanitary authority alone has power to deal, that the management of an hospital for the reception and treatment of such cases should be handed over to the control of that sanitary Board—that in point of fact you should abdicate your functions, and call upon the sanitary authority to undertake them?

Mr. KENNEDY.—Before you answer that question, let this be borne in mind—that the Act of Parliament gives ample authority to any sanitary authority to contract with an hospital within its district for the reception and treatment of such cases, and that it is only in the event of the hospital refusing to contract with them, that they can build.

2011. Mr. Shackleton.—I think the work would be much better carried on under the existing arrangements, and I will tell you why. Some of the best men I know, not only on our own Committee, but on the Boards of other hospitals, do not mix in public life, and if the administrations of such institutions were confined to public bodies such as the Corporation or the Poor Law Board, you would lose the very valuable services of such gentlemen.

2012. Mr. HOLMES.—You received £464 last year in subscriptions and donations from the public, and that went towards maintaining a class of patients who ought to have been ministered to out of the rates, whereas it might have been devoted to the maintenance of hospitals not now supported out of the general rates?—No, that did not go to relieve the rates—it went into the general funds of the institution—a sort of general hutch-potch out of which all the patients were supported. Some of it might not have been expended on papers at all.

2013. Has there been any sensible diminution in the number of fever cases since the local sanitary authorities commenced to carry out the powers entrusted to them under the Public Health Act?—Well, fever goes up and down so much that it might require half a century's experience to tell whether the figures were lessened by that cause. The greatest number of patients in the Fever Hospital in any time was during the small-pox epidemic, and you cannot control such outbreaks.

2014. But there is no doubt that the Corporation are making great efforts to cope with the unsanitary state of our city?—Yes, but the ups and downs of synchro diseases are such that you cannot arrive at an estimate hardly. For instance, on the 9th June, 1892, I find that there were only eleven cases of all sorts of fever in Cork-street Hospital, and on the 7th January, 1879, there were 245 cases—it goes up and down tremendously.

2015. One more question—do you think that small-pox cases ought to be admitted into a Fever Hospital?—I think so—under proper precautions for isolation. We put up a separate building for the use of small-pox patients, and we keep small-pox cases in another building apart from other fevers. It is the opinion of our Committee and our medical men, that it is desirable to keep every class of fever separate, though there are some very eminent physicians in Dublin and elsewhere, who argued in favour of putting all the fevers together in one ward. But I believe that may be because they have not the requisite accommodation to separate them in the hospitals with which they are connected.

2016. How do you hold the site upon which your hospital is built?—I think it is held in perpetuity.

2017. Is it subject to a rent?—Yes, £40 a year ground rent.

2018. Then you have a very valuable property, possessing four acres of land in the city of Dublin?—Yes.

2019. Mr. KENNEDY.—Let me ask you another question. Supposing that it was desirable to enlarge that hospital, I suppose you would be able to guarantee the site?—Oh, yes—the site is there.

2020. Mr. HOLMES.—And if your hospital were enlarged do you not think that one Fever Hospital would be sufficient for the wants of Dublin, and should supply the place not only of the Hardwicke, but of the Meath and the Mater, your fever cases?—It would be quite possible to provide such accommodation there, but I think it would be safer, and for the public advantage, that there should be a fever hospital at the north side and another for the south side. There are other members of the Board present if the Commission desires to hear their views.

Sir John Barrington, Bt., examined by Mr. KENNEDY.

Mr. John  
Barrington,  
Bt.

2021. Sir John.—Do you agree with the admirable testimony we have had from Mr. Shackleton?—Well, I do, in a great measure.

2022. When you say "in a great measure," might I ask what you mean, because "in a great measure" might mean nothing or it might mean a great deal?—Well, if you ask any specific questions I will answer them.

2023. But, to save time, I ask the general question—do you concur in what Mr. Shackleton has said?—Well, I agree with him that there ought to be a fever hospital for the north side as well as one for the south side of Dublin.

2024. And that if there was a national grant given to these two fever hospitals, that the Unions ought to be made do their own duty?—Yes, that was always the feeling of the Governors of Cork-street Hospital—that we had no right to trespass on the Treasury grant or on the funds entrusted to us by the charitable, to relieve misapprovers of their statutory obligations. The

arrangement we entered into with the Union was on that understanding.

2025. Mr. HOLMES.—The question whether there is to be one, two, or three fever hospitals is one, in my opinion, altogether for the Sanitary Authority to decide. They would, of course, consult the best advice to be obtained in arriving at their opinion; but the Act imposes upon them the obligation of looking after these small-sanitary cases—and it is for them to decide what accommodation should be provided—do you agree with me?—I follow you, yes.

2026. Mr. KENNEDY.—I want that there should be no mistake about this evidence. I have been asking you these questions with really but one object—do get evidence upon which we can found a case for the preservation of the grant—the grant entire and intact, and to make it clear that it is the opinion of intelligent men, experienced in the management of such institutions, that that grant should be continued for

the promotion of the objects originally in view, and not in relief of burdens thrown by statute on local rates.

1027. *Sir John Barrington*.—In answer to what Mr. Holmes said, I would be sorry to think that the sanitary authorities should have the entire government of our hospitals.

Mr. Holmes.—But as I understand the Act, the Sanitary Authority could supersede your functions any day they liked.

1028. *Sir John Barrington*.—They could not deprive us of our rights.

The Commission adjourned to next day at half-past twelve o'clock.

Nov. 5, 1885.

*Sir John Barrington, &c.*

## TUESDAY, 10TH NOVEMBER, 1885.

Nov. 10, 1885

The Commission met in the Privy Council Chamber, Dublin Castle, at half-past twelve o'clock.

Present:—*Sir Rowland Blennerhassett*, Bart., D.L., Chairman (presiding); *Sir Richard Martin*, Bart., D.L., *Mr. Thomas Maxwell Hutton*, J.P., *Mr. Charles Kennedy*, J.P., *Mr. R. W. Ardernot Holmes*, *Mr. Richard Owen Armstrong*, J.P., and *Mr. J. P. O'Reilly*, T.C.

The Secretary (*Dr. Myles*) was in attendance.

The Secretary having read the minutes of the previous sitting, which were confirmed—

1029. *Master Pigot* said—Gentlemen, I saw a report in the public press yesterday of the inquiry before you as to Mercer's Hospital, in the course of which certain statements were made concerning that institution and the Ledwith School of Medicine, that I thought it right to bring before the notice of the Commission, because they involve—upon the printed report—very serious charges against Trinity College, with which I happen to be connected; and perhaps you will allow me very shortly to state the precise facts in reference to the matter. In the newspaper report to which I refer *Dr. Nixon* is represented to have said that the certificate of the Ledwith School was refused by Trinity College because of the jealousy of the College School towards the Ledwith, on account of the success of the latter. Just before that he was asked by *Mr. Kennedy*, "Is it not a fact that Trinity College on one occasion refused to receive a certificate of the Ledwith School," to which he replied—"Yes; a certificate of *Dr. Ledwith*, and they made facts of themselves. It was not a certificate of *Mercer's*. The certificate to which they took exception was signed by *Dr. Ledwith*, Surgeon to *Mercer's* and Registrar to the Ledwith School, and instead of rejecting a certificate of *Mercer's*, they took a course which they never could defend and of which they were heartily ashamed—they refused the certificate of the Ledwith School." Then in reply to a further question—"And you say they were ashamed of that," *Dr. Nixon* says, "Yes, and retreated, and they now accept the certificate of the Ledwith School." Now, I wish to state the circumstances under which the thing took place, very shortly to you. When I saw this it seemed to me so serious a charge to have been made, as I conceived without a shadow of foundation, that it should not be permitted to pass without explanation and contradiction; but I think it right to say that in coming to that conclusion I had no opportunity of consulting with my colleagues of the University Council. A good many years ago the Ledwith School was one of those recognised by the Board of Trinity College—along with the School of the College of Surgeons, the Carmichael School, and the School of the Catholic University—in addition to our own School of Physics. In June, 1865, the Board resolved—"That the extra-collegiate medical schools in Dublin—which includes the Ledwith—whose lectures are recognised by the University, be requested to make a return to the Registrar of the Medical School of the names of such students of Trinity College as are in attendance on their lectures, together with the number of lectures attended by each

student." By a subsequent resolution—passed in Oct., 1870—it was directed "that no certificate of lectures or hospitals will be accepted for Degrees in Medicine or Surgery, which does not guarantee the following minimum attendances—(1), winter course, 68 attendances; (2), summer course, 30 attendances; (3), hospital lectures, 45 attendances." In Oct., 1875, the Board instructed the Medical Registrar "to communicate directly with the professors and lecturers of the extra-academic schools, and to enforce strictly the regulation respecting attendance on lectures made on the 11th Oct., 1870." And then came the resolution, passed at a meeting of the Board on the 3rd Feb., 1877—"That after the current session the Peter Street School of Medicine shall be removed from the list of medical schools recognised by the Board of Trinity College." Every resolution dealing with any alteration in our educational system requires the concurrence both of the Board and of the University Council; and accordingly that resolution came down to the University Council on the 25th Feb. of the same year, and was passed. With regard to its merits I do not propose to say one word, because I do not understand that that question was raised before you; but this much I may say, that in that resolution, as a member of the University Council present and voting, I entirely concurred. Nothing further took place—save the receipt of a letter of protest from the Ledwith School—until the 1st November, 1879, when the following resolution of the Board was sent down to and accepted by the Council—and this really explains the whole thing, and shows the utter want of foundation for the statement made on Saturday against the authorities of Trinity College:—

"That the Ledwith School of Medicine, having applied to the Board of Trinity College for their recognition of said School of Medicine, and, having associated under the signatures of the Proprietors and Lecturers of the School that the following Resolution had been, in order to obtain the recognition of Trinity College, unanimously adopted by the Proprietors and Lecturers of the School, viz.—Resolved, 'That we, the undersigned Proprietors and Lecturers of the Ledwith School of Medicine and Surgery, hereby guarantee that three-fourths of each full Course of Lectures delivered must be attended by each University Student, in order to obtain the Certificate of attendance, such attendance to be verified by a Roll called at each Lecture'—the Board of Trinity College agree, on the faith of the above assurance and undertaking, to place the Ledwith School of Medicine and Surgery on the list of the Medical Schools recognised by Trinity College."

I do not desire to add one word to this statement.

The examination of witnesses on behalf of the Hospital for Relief of Poor Lying-in Women in Dublin, *salvo* The Rotunda Hospital, was then proceeded with.

Aug. 20, 1885

Mr. Joseph  
Mullen

Mr. Joseph Mullen called and examined by the CHAIRMAN.

2030. Mr. Mullen, you are Registrar to the Rotunda Lying-in Hospital?—I am.  
2031. And you sent us in this sheet containing answers to the queries submitted by the Commission?—I did.

2032. Have those answers been authorized by your Board?—The queries were submitted both to the House Committee and to the Board; and the answers were submitted to the House Committee and authorized.

Arthur V.  
Hume, M.B.,  
M.D., M.A.B.,  
F.R.C.S.

Arthur V. Hume, M.B., D.C.H., M.A.B., F.R.C.S., examined by the CHAIRMAN.

2033. Dr. Hume, you are the Master of this Hospital?—I am.

2034. The Rotunda Lying-in Hospital?—Yes.

2035. To which there is also attached an hospital for the treatment of diseases of women?—Yes, there is an auxiliary hospital in which there are about thirty beds.

2036. And you have made a special study of these subjects—gynecology and the diseases of women, have you not?—Of course, the two subjects nearly always go together—gynecology and the diseases of women. They are regarded now as associated studies.

2037. May I ask where you studied, and where you obtained your degree?—Well, I am a graduate of Trinity College; afterwards I studied in Vienna and Berlin. When I returned from abroad, I put in the usual three years as assistant-master of the Rotunda, which you must do to become master. Every member of that hospital has previously served for three years as assistant-master—that is a fundamental rule of the institution.

2038. Can you tell us how your Board of Directors are appointed?—The Board elects. When there is a vacancy certain gentlemen are proposed and seconded, and the Board selects out of the number so put forward whoever they think will make the best Governor.

2039. But there are a number of ex-officio as well?—Yes; but the ex-officio hardly ever attend. I speak of the others—the ex-officio, of course, are not elected.

2040. Well you state upon what grounds the Government grant was originally given to your hospital?—In reply to that question, I can hardly do better than quote from the charter itself. It says:—

"There are always many poor and distressed women great with child, who, by the sickness, death, absence, neglect, or extreme poverty of their husbands, wholly depend on their own daily work for even common necessities, and are in lying-in, frequently both themselves and infants lost, not only by the difficulty of obtaining the care and attendance of some skilful person, but even through the want of such covering, lodging, and sustenance as are necessary for women in that condition; many instances of which (if regulated) could be prevented, more especially in the case of wives and widows of the soldiers and sailors of our army and navy."

2041. Mr. Hume.—If you turn to page 2 of the charter you will find the object even better set forth?—Yes.

"That such an hospital when established will be a means not only of preserving the lives and relieving the miseries of numberless lying-in women, but also of preventing that most universal (though too frequently) practice of abandonment, or perhaps murdering, new-born infants. And that it may prevent such gentlemen as intend to practice midwifery in our mid kingdom from going abroad for instruction. That by admitting and instructing in such hospital women, who, after some time spent there, being duly qualified, may settle in such parts of our mid kingdom as now stand in need of such persons, it will be means of preventing the unhappy effects arising to the ignorance of the gentleness of country midwives. That by preserving the lives of so many infants, who in all probability must otherwise perish, it will increase the number of our subjects in our mid kingdom."

That is a quotation from the charter, and the urgency of such an institution was felt to be so great that £25,000 was given at different times as a help and assistance to the hospital. And since that time the present Government grant has been given.

2042. The CHAIRMAN.—And your hospital has also been utilized for the purposes of education?—Yes.

The Commission of 1854 recommended the continuation of our grant on that ground—that the teaching given was considered of national importance.

2043. And in answer to one of our queries, you say that the teaching powers of the hospital have enormously increased?—Yes. As an illustration of that I need only go back to the time when I occupied the position of assistant-master in 1874. The number of cases altogether in the house that year was 1,093, while last year it was 1,774, showing an increase in that period of nearly 300. In the dispensary, which we hold every morning, the number of cases treated eleven years ago (in 1874) was 3,603, while last year the number was 8,740, which is an increase of nearly 300 per cent. The "out cases of midwifery"—persons attended by the hospital staff in their own homes—numbered only 96 in 1874, while last year they numbered 1,629. So that as far as the power of teaching goes the hospital is an different a place now compared with what it was ten or eleven years ago as any hospital in Dublin could possibly be; and that has been effected with very little increased cost, because it is the dispensary and extern maternity that have increased, the administration of which only involves an expenditure of £50 for the clerical salary, £20 for the apothecary, and the cost price of the medicines issued. Practically our expenditure on these departments is not £100 a year above what it was ten years ago.

2044. Since the foundation of your hospital the Coombe Lying-in Hospital sprung into existence?—Yes, sir.

2045. And it also does a great deal of work of the same kind and in a poor district of the city?—It does—a great deal of work.

2046. Without any State grant?—They get a grant from the Corporation—much more than we do.\* I think it is £200 per annum.

2047. You have seen a great deal of hospitals abroad, having studied there—would you give me your opinion—first of all from an educational point of view, as to whether a number of small hospitals or a few large ones would be most desirable for Dublin?—I would prefer confining my remarks to the Rotunda Hospital, for it might be said that I know little or nothing of the other general hospitals. If you ask me whether I would leave it as it is, or split it into five or six smaller institutions, to be located in different parts of the city, I am quite prepared to state my opinion.

2048. Mr. Hume.—That will be a sufficient answer—the question was an abstract one, and you propose to give us a reply founded on your knowledge of one particular institution?—Yes, I would sooner let every man speak for his own hospital. But I say most decidedly that, in my opinion, the Rotunda is better as it is than if divided into a number of small hospitals. May I state my reasons for that?

2049. The CHAIRMAN.—Certainly?—I am speaking now in the interests of medical science, and, of course, the man who attended one of such six hospitals would have only an opportunity of seeing a sixth of the number of cases which would come under his observation in the larger one. In every special branch of medical work there are a great many things that depend on cumulative experience, and in a small hospital a man might see a rare case only once in his lifetime, which would be a valuable experience. On the other hand, in a large hospital many such cases might be seen. To split up the hospital into a number of small ones,

\* The Coombe Hospital receives a Government grant of £200, and a Corporation grant of £250 per annum.

must necessarily involve the minimising of a man's experience, and, I think, Dublin would be a great deal better off, and the men at the top of the profession would be better off, and have much greater opportunities of experience if they were at the head of a few large institutions.

2050. Might I ask you this further question—do you think it is necessary, in the interests of teaching, that every general hospital should receive patients suffering from all sorts of complaints, for instance, that there should be a fever ward attached to a general hospital?—It is quite necessary that every student should learn fever, but whether in Cork-street or Sir Patrick Dun's, or anywhere else, is quite immaterial. You might as well have a midwifery ward attached to every general hospital.

2051. Mr. ARMISTEAD.—There were two members of your Board of Governors asked to come here to give evidence—do you know the reason of their absence?—Well, you are all aware that there are two of our Governors on the Commission, and, therefore, so far as the working of the hospital goes, anything that the gentlemen referred to could tell you is within the cognizance of, at all events, two of your members, and can be communicated by them to the Commission. I don't say that that is the reason the Governors did not think it necessary to come here, but it is to me a very good reason for their absence.

2052. It was not because they were hostile?—Oh, no. Sir Ralph Curran and Mr. R. W. Shielton, &c., were long connected with the hospital, and, therefore, we put forward their names, but the two Governors on the Commission can give you any information that they could possibly afford. There was no desire to withhold information.

2053. Am I right in assuming that the most improved scientific arrangements are availed of in your hospital?—Well, I have taken a great deal of trouble about that—I have gone to a great deal of trouble in obtaining the most improved scientific appliances. I suppose that as a common experience in all hospitals however.

2054. The percentage of mortality tells very favourably in your institution as compared with others?—Yes, we have immensely reduced the mortality from puerperal causes by the use of antiseptics.

2055. Speaking generally would you not say that a woman lying-in would be better treated in an hospital than in her own home?—I have not the slightest hesitation in saying that difficult cases more especially, are infinitely better treated in the hospital than in the patient's own home.

2056. Can you state the relative numbers of Protestants and Catholics received as patients at your hospital?—That matter, sir, I have not looked into; but our Registrar has got the books here, and, as the religious persuasion of every patient is entered on admission, I have not the slightest doubt but that he can give you the information you desire. We look upon it as ten per cent., but whether that is right or not I don't know.

2057. The CHAIRMAN.—Ten per cent. of Catholics?—Oh, no—ten per cent. of Protestants, and ninety per cent. of Roman Catholics.

2058. Mr. ARMISTEAD.—In the administration of the hospital no sectarian views prevail, I understand?—The master has the control of the institution, and as far as the treatment of the patients is concerned, I can state positively that there is no such thing as sectarianism.

2059. Patients have every opportunity of obtaining the advice of clergymen of their own persuasion?—Oh, certainly. And as I stated recently, when we were visited by a committee from the Corporation, sectarianism is impossible there. You must remember that it is the case of one Protestant amongst twelve Catholics—it is not like the case of one Catholic surrounded by a number of Protestants, and if a Catholic patient did not get anything else required, as far as the rites of her Church are concerned, the whole of Dublin would know it next morning. So that even if we wanted to be partial we could not do so.

2060. There is a Protestant clergyman attached to the hospital?—That is a very old question. Originally, as far as I understand, the chapel was built for the inhabitants of the square. The inhabitants of the square used to support the hospital, and the chapel was built in order that they might have a place of worship convenient to go to; and the clergyman is paid from the contributions of the people who attend the chapel and not from the funds of the hospital.

2061. In point of fact the clergyman is not in any way paid out of the funds of the hospital?—No.

2062. A year or so ago didn't the Corporation withdraw portion of their grant?—Yes, £60—the year before last. They reduced it from £300 to £240. There was a discussion at the time on the question of proselytism and also on the question of a Roman Catholic gentleman having been rejected as a Governor, or rather Lord Justice Fitzgibbon being appointed before him. Whether I am justified in saying it was because of those things I would not be positive, but at all events it was at the same time, and I believe it was on account of that.

2063. In the selection of the medical staff the question of religion in no way arises, I presume?—Well, the master must have been originally an assistant-master—only those who have been assistant-masters are eligible for the appointment of master. There are a considerable number of Roman Catholics who have been assistant-masters, but whether they ever applied for the mastership I am not aware. I may say that in my own time I was to have been appointed and in fact did actually appoint a Roman Catholic as one of my assistant-masters, but the gentleman subsequently thought he would prefer not taking it.

2064. I apprehend you always look for the best man?—Well, in the case of assistant-mastership it is hard to know who will take the office. The post is not advertised, and the master has to inquire who would wish to take it, and out of those select the best man.

2065. Do you think the existing accommodation provided for women lying-in is sufficient for the requirements of Dublin?—Well, I don't know that. Certainly we are very full now, and the Rotunda Hospital is getting more patients from the country every day—chiefly operative cases.

2066. Can you form any idea as to the relative numbers of what I may call for dearness, paupers and nonpaupers who received relief at your hospital?—I don't know who you would designate a pauper—they all receive assistance from the charity. But that whole question has been discussed lately, and it is said that a person receiving charity from a doctor or a medical hospital was not necessarily a pauper, therefore I could not say that any of the people that come to us are absolutely paupers. We don't take patients from the union, except cases of great difficulty—we don't take them in to relieve the rates, if that is what you mean.

2067. Does the union contribute anything to the hospital for the patients they send you?—Yes, I think if they send me a case we get 10s. a week while the patient remains with us. And the same rule is followed by country unions under like circumstances.

2068. In your opinion would the withdrawal of the Government grant materially interfere with the utility of the hospital?—I am at a loss to know how we would get on at all without the grant. We are on the margin of our income as it is—in fact we are spending rather over our income. Certain improvements and repairs are urgently required, and if we had £700 a year taken away from our income I really don't know how we could get on. It takes all we can do at present to make ends meet.

2069. Mr. O'REILLY.—Are you satisfied with the nursing arrangements?—Yes, I would say so, except that I should prefer that our head nurse was a lady who had gone through a regular course of nursing instruction. Our present head nurse is well acquainted with our system, but I hope that if there is a vacancy the Government will see their way to appointing a lady trained in general nursing, so that we might be able to say we had per-

Nov. 18, 1894.

Arthur V. Allen,  
Esq., M.D., F.R.C.S.,  
F.R.C.O.G.,  
F.R.C.P.

Nov. 29, 1882.  
Arthur V.  
Mason, M.D.,  
F.R.C.S.,  
F.R.A.C.S.

fection in nursing as well as in everything else. Women who come to us for training as midwives might then be instructed in a part of their business that they don't necessarily learn in their midwifery course.

2070. How many women might be delivered of a night in the Rotunda Hospital?—Of course the number varies very much. The daily average of beds occupied by patients last year was 50-60, you might say 51, and sometimes we would have two, sometimes three, and sometimes as many as nine deliveries in a night.

2071. Have you ever heard of the children being changed?—I think I heard about that, sir, but it is a story that has come down from generations past.

2072. But I refer to late years—not generations past?—I can only say that I never dreamt of such a thing happening.

2073. Could it happen?—Well, of course, there is the possibility, if three or four children are born at the same time. It is possible, but it is the most improbable thing in the world.

2074. Are not all the children put into one bed after birth?—Not at all—as each woman is delivered the child is washed, dressed, and put into the bed occupied by that particular patient. There are five beds in each ward, and if a woman is delivered on the couch, the child is placed in the bed she had previously occupied, and to which the mother will be subsequently put back. If possible, the couch is where everyone is delivered—if there is time, and then the patient is afterwards removed to her bed. I do not say that it is absolutely impossible for children to get mixed, but that it ever occurred I cannot conceive.

2075. Sir RICHARD MARTIN.—You have to give students who take out the midwifery course at the Rotunda certificate of having attended the hospital, have you not?—Yes, sir, they come to us on purpose to get such a certificate.

2076. And in reply to one of our queries that there is no list of attendances kept?—That is daily attendances.

2077. Yes?—No, and I think you have already found, in the course of your inquiry here, that the record kept in the case of a student who comes at night to an hospital—a special hospital—is not of attendances, but of the number of cases he sees. A man must have attended twenty cases—that is the minimum number—in six months to get his certificate from us.

2078. And is there a record kept of the cases that each student attends?—Yes, after each delivery every man that has been in attendance writes his name in a book kept for that purpose. I should tell you that there are night men and day men. The night men enter their names in the book as they come into the hall each evening; but, as regards the daily visit, everyone that comes walks round the hospital with the Master, and the effort to keep a record of such attendances at an hospital has invariably failed. Men writing their names in a book is no criterion of work or experience gained—it is an illustration of the old saying, "You may bring a horse to the water, but you cannot make him drink." A man may walk in, write his own name and two or three others, and walk away again. Unless there is some one there to watch the men, and see that after they sign they go to work, such a record is utterly valueless.

2079. Then, when a student is present at a delivery, and enters his name in the book, is there a certificate from you or the assistant master to verify that he actually attended that case?—Well, the book is there, and the man's name is down. If a student chooses to get his name down for a case he was not present at, I have no means of knowing it. If a man chooses to lie to you he may get his certificate for cases he never attended.

2080. Mr. HERMAN.—Does any part of the fee paid by the students go to the hospital?—No, none of it.

If you will allow me to refer to the Charter again—that is regulated by it.

I asked the question because, in the financial returns before us, there appears, as an item of income, "Net profits from pupils," £235 5s. 8d."

Mr. HERMAN.—I think that that return is quite fallacious. I have been comparing it with the authentic income account, and the result is that I would not rely on it at all.

2081. Dr. MASON.—What is this return, might I ask? I see (proceeded) it purports to be a return of the income and expenditure of all the Dublin hospitals, but I do not know how that was prepared, or by whom. At all events, there is no such thing as "net profits from pupils"—that is a mistake. Probably it came about in this way. The intern female pupils pay for their whole fee, and I pay half the fee to the hospital for their board and maintenance, but that is not a profit—the establishment has to pay for their eating and drinking out of it.

2082. Have you accommodation for pay patients?—Yes.

2083. Is it in a separate ward?—There are small wards with two beds in them, where women may be accommodated on payment of £1 a week.

2084. Mr. KENNEDY.—Doctor, do you find that the liberalizing of your institution has tended to increase the number of patients—do you think that since certain changes have been made by which persons have got more confidence in the administration of the hospital, that the number of patients has increased?—Well, sir, I would not like to give an opinion on that, because it, first of all, begs the question that they had not confidence previously, and I cannot say that—I have only been connected with the hospital as Master for three years, you know.

2085. Let us take it by stages—the number of patients has considerably increased you say?—In the extern department the number has increased.

2086. But not inside?—No, there has not been the same increase in the number of intern patients.

2087. The dispensary is becoming much more popular than it was?—Yes.

2088. Do you think that, without flattery yourself, or saying anything calculated to increase your merit in that direction, that the people have more confidence in going to that hospital now, than they had—I mean the Roman Catholic people?—No, sir, and allow me to explain that the principal increase has taken place in the number of patients attended in their own homes, and also in the number of people attending the dispensary in the mornings, and the question of religion would not affect these cases. As regards the dispensary—women come there, are examined, get medicine, and go home, and I don't think that the question of religion has anything to say to that.

2089. You do not think that the clamour or cry which existed against the institution some years ago has been the means of bringing about that absolute freedom which each patient now enjoys of receiving visits from their own clergymen, no matter of what denomination?—I answer for the case I have been Master, three years, and I never heard of any trouble of any sort. I might add that I am not aware it has ever been otherwise.

2090. With regard to questions of baptism for instance—are there not greater facilities for children born of Roman Catholic mothers being baptized in the house now than there were twenty years ago?—I cannot speak from personal knowledge for that length of time, but I would say now—there are such a number of Roman Catholics around that I could not conceive any difficulty being raised on such an occasion. I think there was always as much liberty as exists now.

2091. You have not had the experience of former times—but is there not now the most absolute freedom; is there not a method by which the Roman Catholic clergyman is promptly sent for whenever required?—Yes, and when I was Assistant Master in

1833 it was the same. But before that I can say nothing about it.

2092. Still you must have heard it rumoured that there was dissension expressed at one time by the Roman Catholics of Dublin with the management of that house which does not now exist?—Well, I cannot say that. There might have been a charge of levity in some individual case—that the priest was not sent for quick enough; that might have been, but had the charge been investigated it would probably have been shown that we did our best. But I hardly know anything about the hospital since I was Assistant Master until I went back as Master myself.

2093. Mr. HOSKINS.—Dr. Mason, would you not say that the Rotunda Hospital is pre-eminently a national institution?—Well, sir, we look upon it as of great national importance. I think it is no exaggeration to say, even giving the Coombe Hospital full credit for what is done there, that more than half the work of teaching Irish practitioners in obstetrics is performed in the Rotunda Hospital. Whether the women of the country are treated skilfully or unskilfully, half of Ireland, at all events, depends upon what is taught in the Rotunda Hospital. Moreover at the present moment we have four or five graduates of the Edinburgh Hospital learning the diseases of women at the Rotunda, and when I was in Edinburgh myself quite recently, one of the professors there told me that there was no place in the United Kingdom where a man could learn his business better than in the Rotunda. We have every opportunity of teaching, and take the trouble of teaching well.

2094. I think the nationality of the institution—I mean that it is an institution in which all classes of Irishmen should take, and do take a great interest, is shown not only by the intention of the charter as quoted by you, but also by the manner in which it has received support from Parliament, both prior to and since the Union. I think it is the case that prior to the Union the Irish Parliament voted £35,500 for the building and its enlargement, is that not the case?—Yes, the hospital has been supported and looked upon as a national institution.

2095. Would you not say that that sum so voted by the ante-Union Parliament, practically repaid all the money spent upon its erection by Dr. Bartholomew Mose?—I would not say that at all, I think the hospital must have cost much more, and we have on record a long list of benefactors, donations, and bequests, which were used from time to time on the buildings, and besides Dr. Bartholomew Mose, we are told, spent the whole of his fortune on the institution.

2096. Mr. KESSELY.—But the funds to which you refer were for maintenance as well as for the building itself?—For both, of course. But the £35,500 would not pay for the hospital at all.

2097. Mr. HOSKINS.—Would it be possible for you, by referring to the documents preserved in the Rotunda Hospital, to tell me what the cost of the building was?—I could not say that.

2098. I find, quoting from the report of the Select Committee, in 1834, which commences by saying—“This great institution was founded by the late Dr. Mose, in 1787, who expended his whole fortune on it; £35,500 was subsequently voted by the Irish Parliament for its building and enlargement.” That would look as if that sum practically represented the cost of the present hospital?—No, because Dr. Mose must have received lots of money from different people, which was sunk in the institution, in addition to his own private fortune, and it was only the balance which was contributed by the Irish Parliament.

2099. That is only a theory of your own, however?—I know that the money bequeathed to the hospital totted to a great deal more than we have at present in funds.

2100. But you will admit that that is a handsome sum, and, having been paid by Parliament, stamps the Rotunda as a national institution?—As an institution

worthy of public support, I would; but no more worthy than others that they used to give grants to.

2101. Is it not also the case that ever since the Union the Rotunda Hospital has received large grants from Parliament every year?—I think the grants began in 1803.

2102. Since the year 1806, the report states?—Then that must be correct.

2103. I find that your income for the year ending 31st March, 1885, amounted, deducting the balance to credit at the close of the preceding account, to about £3,000?—Yes.

2104. And I find that the income derived from public sources amounted to more than half that sum, and would have been considerably more than half that sum, if the net profits arising from the Rotunda rooms and gardens had also that year been as much as they were in the preceding year—(that year they are returned as yielding only £333, while in the preceding year the figure was £542). But for that falling off, the income this year—derived from what I call public sources which I shall presently explain—would have amounted to over £1,800 out of the total income of £3,000. Do you not think that that fact alone stamps the institution as one belonging to the nation at large and not to a body of Governors, who chance now to be the representatives of the original Governors selected under the Charter?—I would ask you to let me see the accounts on which you found that question because it seems to me that our only public money is £250 from the Corporation and £700 from the Government.

2105. I will mention what I mean—£700 is the amount of the Parliamentary grant, and £250 the amount of the Corporation grant, that makes £950 a year?—Yes.

2106. The profit last year derivable from the Rotunda rooms and gardens is £333. I think that you should consider that as public money, because the Rotunda rooms were built out of money lent by Government, and if your income should fail to pay the debenture holders, the Treasury is responsible—is that not so?—Yes, that is the case.

2107. And therefore I say you must treat any income derived from that as to all intents and purposes from a public source—do you concur in that?—No, I would not concur in that view at all.

2108. That is a matter of opinion—what do you say to the profit rent of lighting Kildare-square, £250 a year?—That was given by the Irish Parliament in the same way as the sedan chair money was given.

2109. Surely that is money derived from a public source?—Yes, I admit that that is.

2110. Now, admitting that this is a national institution, do you concur with me in thinking that it is a matter of regret that the Board should be precisely a sectarian Board—and, remember, in asking this question, nothing could be further from my mind than to stir up bad feeling. I ask the question merely in the interest of the hospital?—If by changing the Board we could get more public support, I quite agree with you that it should be done. But if we get the grant we can keep on very well, I think. Any change should be on account of getting more support for the hospital, or on account of the public saying change was necessary.

2111. Where more than 90 per cent. of the patients are Catholics, do you not think that it would satisfy public opinion, and give confidence in the management of the hospital, if there was a fair proportion of Catholics on the Board?—Of course it must be obvious that Roman Catholics would have more confidence in the institution, and would take a deeper interest in it, if there were more Roman Catholics on the Board. They would know more of what was going on there than they do if there were more Roman Catholics on the Board.

2112. And don't you also think that on the Board of what you agree with me is a pre-eminently national institution there should be representatives of the creed of

Nov. 16, 1885.  
Arthur V.  
Mason, M.D.,  
F.R.C.S.,  
F.R.C.O.B.

Nov. 26, 1855.

Arthur V.  
Mason, M.P.,  
M.C.S., M.A., &c.,  
F.R.S.E. &c.

the great majority of the nation—again I say, I do not ask the question in any party sense, but simply in the interests of the hospital itself!—Under the present conditions a man has to pay a certain amount of money in order to become a governor, and I think that you have to show that men willing to pay that, have not been allowed to become governors.

2113. I ask you this—as an honest man—do you think that if there was a vacancy to-morrow upon the Board of Governors, and that an eligible Catholic and an eligible Protestant were to pay their money and present themselves, the eligible Catholic would be elected?—Oh, I am perfectly satisfied that if the one was as eligible as the other the Protestant would be elected.

2114. That is the answer I expected. I don't blame the Board at all, but don't you think that the present constitution of the Board may be ascribed to the terms of the Charter itself, which, in the first instance confined the Governors to one religious denomination representing at that time, for political purposes, the nation, and which in the second place limited the number of Governors to sixty, and made the mode of election the ballot, thereby rendering it almost impossible that a Roman Catholic should be elected; do you not think that it is the Charter itself which is to blame for the present state of things?—I think the Charter is almost perfect.

2115. But I mean in that particular point!—I was just going to say that in my opinion if the Charter were drawn up now it would be drawn in the same way except that a considerable proportion of the primary Governors would be Roman Catholics. But as far as the form of the Charter is concerned, I think it is simply perfect. There is nothing to prevent the whole Board from being Roman Catholics under it.

2116. Do you think that the majority of the present Governors would be in favour of the present opportunity being embraced for the purpose of reforming the Board?—I am hardly in a position to offer an opinion on that subject—that is for the Board to answer as a Board.

2117. Would you yourself as the master and head of this great national institution be in favour of such a step being taken?—Of liberalising the Board!

2118. Yes, in the direction I suggested and by altering the Charter to be amended with that object!—I don't see that the Charter requires amendment. Theoretically you can have any number of Protestants or any number of Roman Catholics on the Board, up to sixty, under the Charter as it stands. There is nothing to prevent all vacancies being filled up by Roman Catholics if you so wish—nothing in the Charter I mean.

2119. Of course I know that that is possible under the Charter, but let us assume that the next thirty vacancies were filled up by the governors appointing Catholics, how long would it take before the Catholics and Protestants were equal on the Board!—That depends—

2120. I think you and I would probably be in our graves. The reason I call attention to the amendment of the Charter is that Dr. South's Committee reported very strongly in favour of doing away with the fixed number of governors. That Committee reported—

"We also consider that the number of governors should be enlarged. We are aware that to effect this change in the number of governors an alteration of the Charter will be necessary, but we see no reason why such an alteration should not be made, and we hope that no obstacle would be interposed by the present body of governors in the way of an improvement, which appears to us to be completely called for."

Do you think that the present body of Governors would be willing to endorse that recommendation of Dr. South's Committee!—Well, sir, I really am not in a position to say whether they will endorse it or not. It has been there staring everyone in the face since 1854, and no action has been taken upon it. But I am not sufficient of a lawyer to say who is to take the

step even if this Commission reports in favour of it. Is the Board to go forward as the governing body to do that or is the reform to be forced upon the Board?

2121. You have anticipated my next question. Supposing we did not set our own house in order—I say "we" because as you know I am a governor myself—if we did not carry out the reform ourselves, would you think it unreasonable if the Irish Members took the law into their own hands, and introduced a bill to revoke the present Charter and do what we ought to do?—I am not sufficient of a lawyer to say—

2122. It is not a question for a lawyer!—I do not know how the step should be taken. Even should this Commission recommend it and say that it ought to be done, is that mandatory; or are we to go on as we did after the last Commission leaving things as they are?

2123. It is clearly not mandatory, because we see not Parliament—all we can do is to recommend it!—But can the Governors make any objection to their charter being touched?—I apprehend an Act of Parliament would be necessary.

2124. Yes, that will be necessary, but if the Governors took steps in the matter we may be certain that no obstacle would be thrown in their way. I don't think the Governors of the Rotunda Hospital will, spontaneously, ask for a change in a charter which they think is an admirable one, but if any pressure was brought upon them from without, what could they do to prevent the being reformed?—I don't know whether their consent is necessary on the matter.

2125. I have only one question more to ask, and I am obliged for the answers you have given me so far, it is this.—Do you not think that it is somewhat anomalous that in an institution, where ninety-five per cent. of the patients are Roman Catholics, there should be located a Protestant place of worship?—Well, we look upon the Protestant place of worship as nothing more than what has been handed down to us, otherwise I would look upon it as an outrage. The hygienic patients never think of going to it; and if it were closed, it would become absolutely a charge upon the hospital, for we could not make a word of it. It is a very nice building, and really what harm it does there I do not know. Of course it would not be put up there if we were building new, but it was handed down to us from 1757, and, as I remarked before, no portion of the hospital fund is withdrawn for its support. As to the previous question, just allow me to add this to my answer. I don't think the Governors imagine that there is any want of confidence in the hospital, and therefore to ask them to bring about a change in the charter would be to ask them to do a thing which they do not consider necessary.

2126. Mr. KENNEDY.—Dr. Mason, I asked you one or two questions relative to the popularity of the house being increased by increasing the confidence of the Catholic people of Ireland in the administration of the institution!—Yes.

2127. I am quite aware that you have efficiently, and fully, and most manfully done your part as a resident master in the hospital. But, following up the observations made by Mr. Holmes, do you not think that it is competent for the Governors, if they will do so, and considering the recommendation in the report of a former Committee to memorialise the Lord Lieutenant to have the constitution of their Board changed so as to have a fairer proportion of Roman Catholics upon it?—Well, Mr. Kennedy, it is difficult for me to answer that question.

2128. I know it is, and it is a difficult question for me to put to you, because your term of office expires at a certain period, and it is more a question for the Governors than for you, but, inasmuch as the two Governors deputed to represent the Board have refused to come here, I am bound to put the question to you—if the Governors felt disposed to go with the times, and were desirous of popularising the institution with the Catholic population, could they not approach the Lord Lieutenant on the subject of reforming their



charter, as was recommended by Dr. South's Committee in 1864. If you feel any difficulty in replying, just say so—I do feel a great difficulty in replying to that question.

2129. Then don't?—But, as I have already observed, I do not think that our Governors imagine that there is any great want of confidence in the hospital or its management, and therefore you are asking them to take a step to avoid an evil which they don't believe exists.

2130. I don't blame them for not believing it, because the thing has been handed down to them for the last 100 years—one man electing another with the belief that their system of governing the institution is absolutely perfect, and if the original Board had been Roman Catholics, interested with a like charter, I don't say but what they would have done the same thing. We all know that when in possession of absolute power or authority we are much prone to the exercise of that authority in an arbitrary manner, leaving people to say what they like; but if the Governors of the Rotunda are inclined to march with the times, and feel disposed to popularise the institution, why should they not of their own motion endeavour to bring about the reform Mr. Holmes has spoken of?—Well, I agree with a great deal of what you say, but you must admit that the whole question requires a great deal of consideration. The persons wanting to bring about a change in the constitution of the Board must create more enthusiasm on their side in order to cause the Governors to take up the matter—if the initiative is to be with them. There are two things involved—have the poor confidence in the hospital, and have the public confidence in its management? That the poor have confidence I firmly believe, and anyone wishing a change in the charter must bring outside pressure to bear. The Governors, I repeat, think the charter perfect, and there is nothing in the world in it to prevent one half the Board, or even the whole Board, being Roman Catholics.

2131. Mr. ARMITAGE.—I suppose you remember the voting at the most recent elections in the hospital?—Yes.

2132. Did it not indicate that there was a considerable section of the Board who desire to open it?—At the last election was that of a well-known Roman Catholic it shows that there is no impossibility about it—that there is nothing to prevent your having the next thirty Governors Roman Catholics—nothing in the world.

2133. As to the chapel—having regard to the very short period that patients live in the hospital, do they use it at all?—No, not at all. It was intended for people residing in the square, and has nothing in the world to say to the patients.

2134. In point of fact it is an independent of the institution as the Bethesda, for instance?—Yes, quite so—as far as the patients are concerned.

2135. And the hospital does not pay for it?—Oh, no.

2136. The CHAIRMAN.—Have you ever heard any objection made by the patients to the chapel?—No, and the patients—most of them—don't know that it is there. A large majority of them don't know that there is a chapel in the middle of the institution at all. Those at the further side don't see it at all, unless they hear the organ playing on Sunday they can have no idea of it.

2137. Is it your experience of your Catholic fellow-countrymen that they would object to facilities being given for persons who do not belong to the same faith as themselves to have religious instruction?—Of course they would not object in the least—but it is not for the patients at all. Bartholomew Messer bought that whole plot of ground, the people built their houses round the square, and the chapel was erected in order that they should have a place of worship convenient. The patients are never long enough in the place to think of going to chapel there—they get up on the

sixth day after confinement, and get away home as soon as ever they can; they never dream of going to chapel there.

2138. What facilities have you got for the religious worship of the Catholics?—There is none whatever. The women by the time they are up and about get off home—they don't go to church or chapel there—they go home.

2139. Sir RICHARD MARTIN.—The number of Governors is limited to sixty—do they all pay £50, or £5 a year?—There have been one or two exceptions. The qualification is stated in the charter—a donation of £50, or an annual subscription of £5, or some great service to the hospital.

2140. Do you think it would be for the advantage of the institution to have the number of Governors enlarged, that is if you could get gentlemen willing to pay their £50, to allow them to become Governors even though you had the full number?—If so many more had to pay their money it would be a very good thing, but you would have to appoint a working committee.

2141. That would be one solution of the difficulty?—But then the new Governor would be no more like the old than night is like day. He would scarcely have a vote in electing the governing body—he would not, unless elected himself, being to that body as all the Governors do now.

2142. In other institutions a subscription of twenty guineas entitles a man to become a life Governor?—Yes.

2143. And then the large body of Governors appoint a managing committee?—Yes, that would have to be the mode of procedure, but the Governor has a direct vote now in the management of the institution.

2144. In the case of Jarvis street and the Hospital for Insane a person paying twenty guineas becomes a life Governor, and has the right to vote for the appointment of the governing body?—Well, if they think that is a very good way, I dare say it is, but you could not predicate what the governing body would be till elected. Suppose you created a number of governors to-morrow how do you know how many more may come in before the end of the year. The constituency being uncertain, the composition of the elected board of management must be at least equally uncertain.

2145. I had intended to ask you a question about nurses—you train them in the Rotunda Hospital, don't you?—Yes, we train nurses there.

2146. As midwives?—Yes.

2147. Do you keep a record of the number you train in the year?—Yes.

2148. Could you give us any idea of the number?—I would put them down at from twenty-five to thirty. Last year we had a very full class.

2149. And are they trained principally for Dublin?—Well, I have a great many now coming from England. One girl went away some time ago to Australia, another has gone to America, and there is a training institution in Bristol that sends over their nurses to be trained at the Rotunda, so that in fact we train them for everywhere.

2150. What fee is charged for training a nurse there?—£10.

2151. And how long is the kept for that?—Oh, the fee with board and lodging is twenty pounds—ten for board and lodging and ten for instruction.

2152. Mr. KENNEDY.—I was going to ask you, when the question was put by Sir Richard Martin, as to the enlargement of the constituency which elect the governing body. I understood him to ask would you have any objection to an enlargement of the constituency if it brought you more money, and you said not, but that your difficulty was that you did not know where you would be landed each year?—Yes.

2153. Have you not sufficient confidence in the popular vote to believe that an enlarged constituency

Nov 12, 1899.

Arthur V.  
Mason, M.P.,  
F.R.S., M.A.O.,  
F.R.C.S.

Nov. 18, 1855.

Arthur V.  
Mahan, M.D.,  
F.R.C.S.,  
F.R.Q.C.P.

would in electing a managing committee be swayed only by two considerations—the interests of the institution and an honest desire to select the best

and most suitable men!—I suppose it has worked in that way at Jerusalem, but really I have no experience of that matter.

Mr. Joseph Meleson recalled and examined by the CHAIRMAN.

Mr. Joseph  
Meleson.

2154. You treat a great number of country patients at your hospital?—A large number.

2155. Can you tell us the number?—Of internal patients?

2156. No; of country patients—internal?—Since the foundation of the hospital there have been admitted to the labour department 221,670 patients, and to the chronic department there have been admitted 9,836, making a total of 231,506 cases.

2157. Sir RICHARD MARTIN.—For what period?—For the whole period since its foundation.

2158. The CHAIRMAN.—Can you tell us the number of country patients you received?—I could ascertain that, but they have not been totted separately.

2159. Could you give us an approximate idea of the proportion they bear to the whole?—I don't think I could.

2160. How do you arrange about the payment of the country patients?—They pay in advance for the week they come in; they pay the matron, and she renders an account to me monthly.

2161. You could send us in, I suppose, the number of country patients you had during last year?—I can ascertain by going over the books. I will do so, and send in the return to your secretary.

The Commission adjourned till Saturday, at half-past twelve o'clock.

Nov. 18, 1855.

## SATURDAY, 14TH NOVEMBER, 1855.

The Commission met in the Privy Council Chamber, Dublin Castle, at half-past twelve o'clock.

Present:—Sir ROWLAND BLennerhassett, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'BRIEN, T.C.

The Secretary (Dr. MYLES) was in attendance.

The Secretary having read the minutes of the previous sitting—which were confirmed—the examination of witnesses of the Westminster (Government) Lock Hospital was proceeded with.

Mr. James Wilson Hughes called and examined by the CHAIRMAN.

Mr. James  
Wilson  
Hughes.

2162. Mr. Hughes you are the Registrar of the Lock Hospital?—Yes, Sir Rowland.

2163. And you filed up the answers to the queries forwarded to you by this Commission?—I have, sir.

2164. Have your Board seen them?—They have.

2165. So that we may take them as official answers?—Yes. Shall I detail the steps I took?

2166. You laid them before your Board?—I did, sir. They were before two meetings of the Board, and I also consulted the surgeons as to some of the answers so that they have their approval also.

Mr. Edward Pettit, J.P., examined by the CHAIRMAN.

Mr. Edward  
Pettit, J.P.

2167. You are one of the Governors of the Lock Hospital?—Yes.

2168. And that hospital is in receipt of a grant from the Government?—Yes, from the Government.

2169. Could you tell us the grounds upon which that grant was originally given?—It was given after the Royal Commission was issued several years ago when they found that they wanted such an hospital in Dublin, and that there was no other means of getting the support it required.

2170. I believe one of the reasons for which the grant was originally given was for the purpose of medical education?—Originally that might have been mentioned, but it has not been adopted.

2171. Do you admit senior students to your hospital?—No.

2172. That was one of the recommendations, was it not, of Dr. South's Commission?—It might have been a recommendation originally of his Committee, but it was not afterwards thought desirable.

2173. Could you tell us why it was not thought desirable?—Well, it was thought that the nature of the hospital was such, that possibly it would not be desirable to have young gentlemen coming in there.

2174. You have a great number of fallen women there, have you not?—Yes.

2175. Are you satisfied with the nursing system of the hospital?—Quite so.

2176. Might not funds be raised from charitable sources for the nursing and management of the hospital if it was entrusted to the members of religious orders. Would you be in favour of entrusting the management of this hospital to say the Sisters of Mercy?—Well, I would hardly say I would go that far. I think the nature of the hospital is such that it is offensive to a certain degree, and I think the public would be rather slow to come forward for the purpose of supporting it.

2177. But don't you think considering the class of patients such as you have, that if the hospital were entrusted to some religious community they might be able to effect some large reclamations of the fallen women?—Well, really I do not, Mr. Chairman, think that much more could be done than is done at present. The two Chaplains who are there at present, both the Protestant and Catholic Chaplains are most exemplary men, and as far as my judgment goes both do their duty most admirably, and do what they can towards the reclamation of the patients.

2178. But don't you think that suppose you get members of a religious order—say nuns who lay themselves out for that duty—would not they have more

affect upon women of your class of patients than any dispensary however good?—There are, you must recollect two classes of patients in the hospital—there are Catholics and Protestants, and of course they are kept in separate wards. If you had Sisters of Mercy in one portion you would, of course, be obliged to have other sisters for the other portion—the hospital being divided in that manner.

2179. And would there be any great objection to that?—I don't know whether it would be more expensive or not.

2180. Well, supposing that such a plan were adopted, don't you think the charitable public would come forward to help more than they do at present?—Well, I never studied that, Sir Rowland, as to whether the public would be likely to come forward or not. I always took the hospital to be one such as the public could be hardly asked to come forward to supply funds for, and that is why when the War Office found our funds so low they came to our aid. Dr. Stoggett, the Inspector-General of Hospitals, took a great interest in our hospital. He came there and visited it, and he got us an additional grant of £25 a bed up to the maximum of £500 a year.

2181. Then you would not be in favour of such a plan as I suggest?—No, I would not.

2182. Mr. ANASTASIOU.—Is there an asylum attached to the hospital?—None.

2183. Has it come under your knowledge whether there are many cases in which female patients are reformed?—There are some cases, but I don't think there is one tenth absolutely reformed. Some of them do get situations occasionally, but individuals having private houses have a prejudice against employing persons who have been patients in the Lock Hospital—imagine the disease they must have suffered from.

2184. I suppose you have no means of following up the patients—after the women leave the hospital?—They often go to asylums; that is mentioned by the matron who has got them into those asylums—and some of them get situations in private houses by the sections of the matron who is a very good woman.

2185. Is your opinion if the Government grant were withdrawn from the hospital would that very materially impair the utility of the institution?—I think it would. In my opinion it would take away the advantage of the hospital altogether. I don't think there would be funds forthcoming to support the hospital.

2186. Have you given consideration at all to the subject of capitalizing the annual grant—do you in other words think it would be better to have a bulk sum or continue receiving the annual stipend?—I would trust to the parliamentary vote. I was examined here before what Lord Spencer was here, and I said I would prefer to hold on by the parliamentary grant.

2187. I don't know whether this question was put to you. Do you say your hospital is adequate to all the requirements of Dublin?—I think so, and for the reason that no refusal to admit any person properly fit to get into the hospital ever takes place.

2188. You stated to Sir Rowland Eccleshamont that the management of the hospital is completely unsectarian?—Quite so—there are the Catholics and the Protestant Chaplains who attend to the patients, and as I said attend in the most exemplary manner. The Board for the election of Medical Officers is in our own hands—but the Board themselves are nominated by the Government.

2189. Mr. O'REILLY.—Would you have your accounts audited by a public auditor?—I think not. The mode we adopt in this. The accounts are presented for payment on the first day of the month—well our first day on the next first day of the month is to compare the receipts for three accounts with the cheques which have been drawn to see that they have been all paid—I think the audit is as complete as that of any company or association that I have ever seen.

2190. Sir RICHARD MARTIN.—If Sisters of Mercy or religious ladies of the Protestant persuasion applied for

permission to visit the patients, would the Board object?—That never came to my knowledge to be asked even in that way, but there are certain days the friends may visit, and of course they would be examined amongst friends. But there is no order made to that effect as regards religious ladies.

2191. Do you think that the Board would sanction the members of religious bodies of either persuasion visiting their own side of the house?—I think they would—because the wards are totally separate as to religious, so that there could not be the slightest objection.

2192. With regard to students—advanced students attending the hospital to get experience, I observe that in the previous Commission several of the witnesses who were examined gave evidence in favour of admitting students in the last stages of their professional education. Has that matter been discussed at your board?—It has been discussed—I won't say formally brought before the Board—it has been discussed as a matter for consideration and the feeling is rather against the admission of students—for the nature of the diseases treated in the hospital is such that the Board thought it might be perhaps pandering to present tastes to have students going round the wards. I do not think there would be any harm in advanced students going into the hospital—and seeing the cases—the doctors making proper regulations. I don't see there would be the slightest objection to allowing advanced students in under such circumstances.

2193. I think it was suggested there might be a special clinical ward for cases that it would be instructive to students to visit?—Oh, I think that would be wrong, decidedly, because I think by making a distinction amongst the patients, some of the patients might be saying, "Oh, such and such a person is a very bad case, they have just gone to consult upon her." I think that would be very wrong for it would take away the liberty the patients hold at present—I think it would have that effect.

2194. But so far as your own opinion goes you think that under proper restrictions that there might be an arrangement made to admit students at an advanced period of their professional education?—Yes. I am quite sure if Dr. McNamara made an application to the Board stating there was a certain case there of importance, and that it was desirable to admit a student to see it, I am sure the Board would pass a resolution permitting the student to go in.

2195. Mr. HURVEN.—Are you satisfied with the number of governors and their attendances, for the labour seems to fall altogether on four or five men?—Well, we have twenty governors under the Charter. The Board numbers nineteen at present—one vacancy not being filled up.

2196. But all the work appears to be done by four or five men, apparently?—That is the case I must say. I have been frequently there by myself, and I had to pass accounts although it is contrary to rule. I have had to sign cheques, and then been obliged to send them out to get them signed by another governor. I have been a governor since 1870, and I must say the attendances have not been all that I should wish, although I have attended a fair number of times.

2197. Oh yes, you have forty-three attendances—a very high number. There are only two other cases in which there is really any proper attendance?—I think there is a little remission on the part of some of the governors.

2198. Are all your patients fallen women?—Not all. There are some cases of married women—highly decent respectable women who have been injured by their husbands.

2199. Are they in separate wards?—Yes, in separate wards.

2200. Have you any idea of what is the proportion of Catholics to Protestants, among the patients?—Yes, I can give you the total number for the last three years. The number of Protestants was 420, and Catholics 1,777—that is for three years.

Nov. 24, 1896.  
Mr. Edward  
Foster, J.R.

Dec. 14, 1895.  
Mr. Edward  
Fetherly, &c.

2201. Mr. KASSABY.—Following up the observations of Sir Richard Martin—supposing a community devoted to the redemption of these fallen women—supposing, say, the community of Good Shepherd Nuns, or a community of women of the Protestant Church, wished to make application to your Board—the same as has been done on the part of the Catholics in the South Union—is it your opinion that these Sisters could stand without inconvenience and reside in the house and nurse, and have persons under them—I mean now a special community of women such as the Good Shepherd Nuns whose whole lives are devoted to the fallen?—In other words to displace the lay nurses, as we will call them, by the substitution of others.

2202. Yes, and to get others?—Do you mean to displace with the lay nurses altogether?

2203. No, you could not displace with them absolutely?—But that that would cause some additional expense.

2204. Well, I will ask you later about that. How much do your lay nurses cost you?—The lay nurses cost £13 or £14 a year and their relations.

2205. Now that would not be less than £30 or £35 a year?—In or about that.

2206. I think our experience is that communities can be supplied to the extent of Ireland for about £40 or £55 a year?—Yes.

2207. Consequently there would be no difficulty so far as that is concerned if we got a community to undertake the work?—No, but you would have a very different institution to work, you must remember.

2208. I admit that, but there would be no real difficulty?—No, if the ladies were willing to undertake it.

2209. Well, as a matter of fact, how many nurses does your hospital require?—Eight or nine.

2210. Then about three Sisters of a community, on either side—Catholic and Protestant would be amply sufficient?—I think so, with the aid of proper ward-maids.

2211. So that I don't think the expenditure would be as great?—No, it would not be very great.

2212. That being so, don't you think that having in the hospital communities of Catholics and Protestants who have asylums working in the precincts of Dublin or the vicinity of Dublin, there would be greater facility for the translation of these poor creatures (the patients) from the hospital to such asylums—owing to the sisters being in the institution?—I dare say there would—but so far as the management of the Lock Hospital is concerned—although we have endeavored to make it a sort of a reformatory—we only call it an hospital—and we don't feel ourselves bound to look after a patient after she leaves our institution. Our great object is to see that when the patient leaves the institution she is cured, so that she won't do any harm when she goes out.

2213. But I go one step further—in order that she may not come back to you and be an increased charge upon your institution, I ask you, if you do not believe that by getting these sisters into your hospital, and transferring these poor creatures from the hospital into asylums—and from the asylums into institutions—or getting them to emigrate to institutions where their previous history is not known—it would tend to economize the funds of your institution, and at the same time, to greatly elevate the moral condition of these patients?—It might, and the fact that we find in the number of admissions that several of the patients have been in the hospital two, three, or even up to ten times shows there is much room for work of that description.

2214. Then you would be in favour of a closer connection between the asylums I speak of and your hospital?—It would be beneficial to these poor creatures, no doubt.

2215. I believe you have the power in the hands of your committee to elect your own medical men?—We have.

2216. That being so, I take it that the medical men

are very properly within your control?—They are fully under our control.

2217. If that be so, and that you admit that—then what difficulty should there be about the admission of students?—On the continent there are certainly what I will call clinical wards in each hospital for the treatment of the peculiar diseases dealt with in the Lock Hospital. What difficulty would there be in translating from the general hospital five or six patients into a clinical ward of the hospital—these would not be any diagnosis in that—then what you apprehend such observations as “Oh, such and such is a very bad case,” would be avoided. If the doctor were to select a patient for oblique and keep her for a fortnight or three weeks in the clinical ward, what objection would there be to respectable students attending the doctor who would be under your control?—The only objection to that is, that it would take away the freedom from the hospital, and patients would be inclined to say that they were there for inspection and not for cure.

2218. But every patient in a general hospital is there for inspection and for educational purposes?—Yes.

2219. But why should we exclude students from studying that particular disease which we cannot obliterate—why should we not seek to educate students in the treatment of that disease as well as in cases of fever?—Of course they must be educated some place.

2220. And do you know any place where they could be more perfectly educated, or where there could be seen with more absolute privacy than in an hospital so exclusively devoted to the cure of that disease as yours is?—Don't you think we might save our general hospitals very much inconvenience if we could concentrate in your hospital all such cases in the city?—I won't speak positively on that—we never were so strong in any opinion. We always felt it right to keep the patients perfectly private—so much was that insisted on—that when the late Dr. Morgan was anxious to get in a photographer we absolutely put our foot down upon the proposal.

2221. I don't go so far as to say that in all cases the students should be admitted. But you must admit you must train up the students to the treatment of this disease somewhere. Why is it you have such a tenuous floor of this particular class of cases in your hospital more than you would have in the Rotunda or the Coombe hospitals, where all classes of cases are treated in those places students must be admitted, why is it that your hospital would be so much in danger of contamination if you had a ward where students would be admitted?—The difference between the Coombe and Lying-in hospitals and ours is this—in the one is innocence—in the other guilt.

2222. I say where the diseases of women are treated in the dispensaries attached to all these hospitals it is a great inconvenience?—But we all know that young men or students going into an hospital like the Coombe or the Rotunda see the natural work of the world going round. It is not the same at all in the case of the Lock.

2223. But you must admit I think that in the general hospitals they tolerate the very evil you seek to fly from. Don't you think you would minimize the evil if you had in your hospital the cases from all these places if there was proper supervision in your institution?—I would not say that, but I would rather you had the surgeons' evidence on that point than mine.

2224. The CHAIRMAN.—In the balance sheet here I find that the sum you have for the maintenance of patients is £232 13s. 6d., and your expenditure for management is £256 7s. 10d. I find that the salaries of your officers alone amounts to £213?—Yes.

2225. Well now have you any explanation to give me to that—is not that very high?—I think that the salaries of our officers are very large, but we could do a great deal more than we do. We could trust half as many more patients if we had them. No doubt the Catholic Chaplain gets a good salary. He gets £124 a year, but he is there every day of his life.

2226. I am only asking you for an explanation?—

I think that is the only explanation—that perhaps the expense in proportion to the number of patients looks large, but we could accommodate half as many more patients.

2327. Could you give us, for the purpose of having them on the minutes, the details of the salaries of the officers?—Yes, I will get them from the registers.

2328. Mr. KENNEDY.—In the absence of Dr. Macnamara to delegate to Dr. Donnelly—(though a very competent person no doubt, the responsibility of saying yes or no to a leading question of this kind, would, I think you must admit, be putting him in a false position. We want an opinion, and I think you can give it to us. My object of putting the question is, that in the event of the institution being enlarged by the concentration in the one hospital of the unfortunate cases from both the North and South unions, where we know how they are treated—if we could concentrate these cases and give you a sum which would leave you independent and double or treble the number of your patients, do you not believe that it would then be an advantage not only to the patients themselves but to the students, that they should be admitted to receive the education which they are now obliged to receive as best they can in our general hospitals or else go abroad?—Well, if I were asked that question at our board, I would not vote on it. I am not sufficiently informed on the subject.

2329. Then how are we to get that information?—I believe Dr. Fitzgibbon will be here.

2330. The CHAIRMAN.—Just state the salaries!—In the first place the senior surgeon has £130 a year; the second surgeon £110 a year; the resident apothecary has £160 a year, and midwifery fees, which vary of course according to the deliveries in the hospital, which we calculate makes it up to about £125 altogether. Mr. Gibson, the Protestant chaplain, has £80 a year, the Roman Catholic chaplain has £150 a year; the registrar has £110, and £10 10s. for houses. The matron has £75 salary, and £10 10s. given at the end of the year. That totals up to £782 5s. There is the midwife nurse, £56; three nurses at £30, the hall porter £55; the pharmacy porter £36; the cook £30; the kitchen maid £4 11s. 3d., and five wardmaids cost £29 12s. 3d.; the resident officer's servant £14; the head bandman £56, and five laundry maids £29 12s. The laundry is a little more expensive than we would wish, but what can we do? We find that we could not possibly send out the clothes.

2331. Mr. ARMSTRONG.—Have you any pay patients?—No. The only money we get is £2,690 from

the Government, and what we get from the War Office.

2332. Mr. O'BRIEN.—The laundry is very expensive!—It is not much more expensive, but from the nature of the disease we find we could not send out the clothes to any man.

2333. Mr. KENNEDY.—Before you leave, assuming that the number of your patients were doubled or trebled, is there accommodation in the existing buildings for such an increase in numbers?—We could accommodate double.

2334. What is your average number of patients at present? You give it to us here in the answer to our queries on 761.—Yes.

2335. And could you accommodate 140 in a sanitary state?—Yes.

2336. You would not undertake to say that you could accommodate 250?—No.

2337. Now assuming that premises were at your disposal wherein 300 patients could be accommodated, premises situated in a healthy position, premises sufficiently large to admit of absolutely separate treatment of this disease, premises in which you could have the male patients at one extremity, and the female patients at the other, but still to have the whole administration of that hospital within the one premises, do you think it would be advantageous to have the great enlarged, and have the entire staff of the hospital concentrated?—But would you mean that any other diseases should be treated in the same hospital?

2338. No; for this disease only!—Then I don't think it matters much where the focus is. I don't think it matters where they are treated, but I think there is rather a bad feeling against the Lock Hospital as being unhealthy. I don't think that it is myself, but no doubt it would be an advantage to have that or any other hospital in a more open space.

2339. But don't you think it is highly undesirable to have a movement of moral degradation amongst children growing up, amongst schools and densely populated houses—don't you think that it would be desirable to remove it from the observation of children growing up, and to have it in a more remote part of the city?—Well, if it were not too far remote.

2340. The site which I contemplate is not too far remote. But don't you think if it were in a place not densely populated and not frequented by children that it would be a great advantage?—I think if the hospital is kept separate it does not matter much which part of the town it is in.

2341. Mr. ARMSTRONG.—What is the mortality in the Lock can you tell us?—About four or five in the year. I cannot give you a more precise answer.

Dr. Michael A. Donnelly examined by the CHAIRMAN.

2342. You are the Resident Surgeon of this hospital, doctor?—Yes.

2343. Do you think that if a religious community was allowed to enter the institution for the purpose of managing and nursing that they would not have a very great effect in reclaiming these fallen women, and, perhaps, be able to give them a fair start in life again?—I think some ladies of position in the city would have much more effect. There is only one Catholic place that I know of at all in Dublin for re-establishing girls in their former position—that is the Home in North King's-street. It is conducted by some Catholic ladies of position and influence, and I know that they have more effect—I believe that they have more effect—in reclaiming fallen women than religious bodies would have.

2344. Why do you think so?—Well, perhaps it is because I never saw any Sisters having an opportunity for such work. There is no place that I am aware of where they have the opportunity of taking these women in and trying to them, "Stop here for a year or a year and a half, and we will re-establish you in your former position."

2345. Mr. KENNEDY.—Oh, yes; there is the community of Good Shepherd!—Well, the Good Shepherds have no home in Dublin. There are one or two places in Dublin, but as a rule they have to go to High Park or to Kingstown, and no doubt these homes do excellent good.

2346. The CHAIRMAN.—Would you think that pious and charitable ladies would have more effect upon these women than any clergymen, however distinguished or good he might be?—No, I would not.

2347. Now on the occasion of a former commission it was recommended that the hospital should be thrown open to senior students. That recommendation has not been carried out?—No.

2348. Can you give us any reason why it has not been carried out?—My opinion is that it would be impossible to have clinical teaching in the Lock Hospital—that is my private opinion.

2349. Why?—For several reasons. First of all the patients would have an objection to come into it. Even as it is, patients don't come in so freely as they should, but if the students were there they would have a special objection—in fact, I don't believe any one would come

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in that could avoid it—that is, if the students were admitted as in the case of general hospitals.

2250. But is it not very important that students should have an opportunity of being taught the treatment of this disease?—It is most important.

2251. And there is no means of teaching them?—No means; outside the Lock Hospital, there is very little means of teaching, particularly with regard to this particular disease in women.

2252. Does not every general hospital contain venereal patients?—Oh yes—not many—but in some hospitals the patients that should come to the Lock Hospital are admitted and I think that is very wrong.

2253. You say that patients would object to come in if the students were there; but respectable women don't object to clinical instruction being given in their cases in the Coombe or the Rotunda hospital?—That is true, but it is a strange peculiarity—still it is a fact—that the lowest prostitute on town has a greater objection to be examined in the presence of a few gentlemen than a respectable woman. It is a thing that every surgeon or physician will tell you is the fact.

2254. Mr. ARMITAGE.—Would you advocate a system of pay patients?—Yes, if the place were enlarged, and if portion of the hospital were set aside for them. I think that is very necessary and it would obviate the necessity of some of the patients going to other places—going to other hospitals and sometimes going to Liverpool as they do now to my knowledge. Several persons go to Liverpool for treatment that can afford it, and we all know that they go to other hospitals, although I believe there are only one or two where they can get into.

2255. I understood from Mr. Pettit that you had plenty of room?—There is ample room in the hospital—it is not all utilized as a hospital—it is utilized for other purposes.

2256. Would you approve of the formation of a special course of instruction in this disease, and a small fee being charged to pupils—so as to go to the benefit of the hospital. Yes, if clinical instruction could be carried out.

2257. It would be for that very object that the course should be undertaken?—Yes, but I fear that clinical instruction can never be carried out there.

2258. Why?—First of all it would be almost impossible to keep order I believe. It is a place where it is hard to keep order. Previously when there were male and female patients in the hospital, that system had to be belated on account of the impossibility of keeping order, and I believe that if students were to come in, it would be impossible to keep the place in order. That is one reason, and the other is the objection that persons would have to come into the hospital when they know that clinical instruction would be given on them.

2259. Can you state the respective numbers of male and female patients in the hospital?—Oh, we have no males.

2260. You have no male patients?—No, the hospital is exclusively for females. Formerly males were taken in, and then there was great disorder in the place.

2261. Mr. RICHARD MARTIN.—You say you would advocate the establishment of pay wards?—Yes.

2262. But do you think you would get any pay patients?—Oh yes.

2263. What class of women would go there as pay patients?—The better class of women on town.

2264. And you think that they would pay?—Yes, I think they would.

2265. Rather than being treated in their own rooms?—I think they would.

2266. Mr. KENNEDY.—I understood you to say, doctor, in reply to Mr. Armstrong, that if there was a select class of pupils who paid fees, you would have advocated for allowing these pupils to receive clinical instruction there provided that clinical instruction could be given in that hospital at all?—Yes.

2267. Well, now what is the real reason why you would take fees—if that clinical instruction could be given, when you say you object to clinical instruction being given there at all?—I think the advantage that

pupils would gain by being there would be a sufficient reason for receiving fees from them—the sum is nothing.

2268. Then you think the payment of a fee would justify their presence?—No, but I think their presence would justify the claiming of a fee.

2269. If your argument in the beginning be sound—that the Lock Hospital is not a place to admit pupils to receive instruction—why would you advocate that right, and admit a pupil if he paid you a fee?—I don't admit that at all.

2270. Then what do you mean by the reply you gave to Mr. Armstrong, that if a small fee were paid, and that pupils were to receive instruction in the hospital you would let clinical instruction be given?—All I intended to say was, that if clinical instruction was given a fee should go along with it, but I did not intend to say that if a fee were given I would admit students for clinical instruction.

2271. Have you ever visited any English hospitals where this disease is treated largely?—I have not.

2272. You have never visited St. Bartholomew's or those other large hospitals?—No.

2273. Are you aware that from 150 to 200 students are to be daily found going round receiving clinical instruction in that hospital?—I believe so, but I do not know. I have not been in St. Bartholomew's.

2274. And do you think that it is a peculiar difficulty in Ireland?—I think so. There is a difficulty in Ireland which you would not have in England or Scotland.

2275. Then how do you propose in the interest of science, for which this grant is largely given, to solve this difficulty, if it is impossible to receive students in your hospital, and impossible to receive patients of this class into a general hospital, how is that instruction to be given which will enable the Dublin school of medicine to retain its reputation, and send out men properly qualified to treat this disease?—I would not advise a ward in each of the other hospitals for that purpose alone, where any persons at all might have an opportunity of going in knowing that they would be well treated, but that clinical instruction would be given at their bedside.

2276. And why would you ask the general hospitals, which are not supported by a Government grant so large as yours in proportion, to do that work if you refuse to do it?—We do not refuse, if it can be done.

2277. Stay now. Take it by stages. You admit that the work should be done?—Yes.

2278. And you admit that the students should be taught?—Yes.

2279. And you ask the general hospital, to which it is ten times as great an inconvenience as it must be to you, you ask that they should do the work which you yourselves desire to do. Is that so?—Because as I told you I think it is impossible that clinical instruction could be given and order maintained, and have a sufficient number of patients coming into the hospital.

2280. Is it that you have not supervision sufficient that you cannot maintain order; and how is it that in a general hospital they can maintain order if you cannot maintain it in a special hospital with only one class of patients?—Because they have not such a number.

2281. But you have not all your patients in one ward?—Oh, no.

2282. And consequently the control and keeping in order of the patients in one ward, when all of them are not in one ward but spread over a number of wards, depends on the efficiency of the supervision in that ward?—Yes.

2283. How is it that you cannot then keep order in your special hospital, if the general hospital can?—Is there any defect in your nursing?—Oh, no, the nursing is excellent.

2284. You are quite satisfied with the nursing?—Yes, the nursing is very good.

2285. Well, then, if you have seven or ten, or say even twenty patients in a ward?—Oh, there are sometimes forty in a ward.

2286. Well, is it possible that you cannot keep order in a ward with such a number of persons?—Well, it is more difficult than in a general hospital, for in a general hospital they would be more talked.

2287. Why?—Because there are other patients in the same place with them.

2288. But they would keep them in a separate ward. I want a rational reason for your objection to the admission of pupils into this special hospital when you say that students might be admitted for clinical instruction in the same disease in a general hospital?—I have no objection, but I have already stated the two reasons—first that it would prevent persons coming into the hospital—

2289. That is an opinion; not an absolute fact, you know. They would in your opinion not come in?—Yes; I think there would be a danger of them going into a general hospital. We find the difficulty as present, and I know it myself. My opinion is that from the state of Dublin we should have at least from 150 to 200 patients in the hospital every day in the year.

2290. That is exactly what I want you to have. I want to have the work of the place concentrated, and I want the administration and discipline of the place properly attended to, and clinical instruction given there; you, however, think that it is not possible to impart education there while you do think that it would be possible to impart it in all the general hospitals of the city. There must be some reason for that?—My reason for stating my opinion as I did in this—that even with the privacy of the hospital as it is—no one admitted, not even qualified doctors, and the patients treated kindly—exposed to nothing at all—that still we have not the number we ought to have, they won't come in.

2291. I fear you must look to some other cause than the giving of education there if that be so. If you admit that they go into general hospitals and submit

to examination and clinical instruction there you must answer me why it is they won't go into your hospital and submit to the same thing?—Those who go into the other hospitals now as a rule are not subjected to examination in the presence of students.

2292. Oh, I beg your pardon, the students who receive the instructions from our professors and masters are taught upon these patients; otherwise may I ask where is the education to be given. You yourself recommend that it should be given in the general hospital—you say now it is not given in them and it is not given in yours. Where then does the medical profession in Dublin get its education for pupils in this class of disease?—What I say is that the patients who go to other hospitals in preference to coming to ours are not examined at all before the students for clinical instruction, they are kept very private and clinical instruction is never given in their presence.

2293. I know it is not at the Lock although it was recommended that senior students should be admitted there. That was recommended over and over again, you now meet me with the negative that the patients would not come in if that were adopted. Have you ever tried the experiment?—No.

2294. Consequently it is only a theory on your part that the patients would not come in if they knew that clinical instruction would be given there, but you admit that they go into the general hospitals where as a matter of fact education is given and where every patient is liable to be examined for clinical instruction. Take for example Stevens' hospital where the males are?—What I would say is that if a ward were set aside for the admission of women suffering from venereal diseases, you would have servants and married women who would go into that ward knowing that clinical instruction would be given there, but still preferring to go into that ward in a general hospital to going into the Lock Hospital.

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2295. You are one of the Visiting Surgeons of the Lock Hospital?—I am, sir.

2296. You heard what the last witness said as to the state of Dublin?—Yes, I did.

2297. That he thought there ought to be a great number more patients with you than there are considering the state of Dublin?—Well I cannot quite concur with him in that statement, but at the same time I do so far concur with him that with the hospital means we have for treating these cases in Dublin and the powers that we have for treating venereal diseases there ought to be a considerable number more patients in hospital than there is. That is to say that there are always a number of women with active venereal diseases who are not in hospitals in Dublin.

2298. And do you think that the objection of patients to have a clinical instruction is founded upon an apprehension that their condition would be known too extensively in Dublin?—It might be so with some of them, but I have found as a good many instances, where I thought it desirable to bring patients to the City of Dublin Hospital, of which I am one of the surgeons, women suffering from venereal disease, although it is an objectionable thing to do in a general hospital, they have submitted without any objection to examination for clinical instruction. I would like to supplement my first answer if you will allow me. We have no power in the Lock Hospital in Dublin of obliging patients to remain until they are well. If we had such a power I believe that the result would be that our hospital would be very much more nearly adequate to meet the requirements of the city—but as it is these women go out uncured in spite of us.

2299. Would you recommend then that you should have power to retain them until they are cured?—I certainly think we ought to have some such power.

I would not advocate the extension of the compulsory system of driving women into hospital to be kept there as prisoners until they are well. That is a system of having external examinations out of hospital and then sending them in by order, as is done in Southampton and in other military and naval stations, but I think that we ought to have compulsory wards where the patients would freely come in, but having come in where we would have power to keep them until they were well.

2300. And you don't think that would prevent their going into the hospital?—I think not. If a woman is bad she would come in and I believe that a large proportion of such women—having regard to the state of mind they are in when they present themselves for admission—would consult their welfare, and select that compulsory ward knowing the temptations to which they are otherwise exposed to go out again before they are cured.

2301. And if that were done you would be able to carry out the recommendation of Dr. South's Commission and admit senior students?—Certainly, since I was appointed physician to the hospital the first suggestion which I presented to make to the governors was that I should be allowed to have one qualified clinical clerk, but that was objected to because as was said it would be letting in the thin edge of the wedge to re-establish the system which formerly existed of having students in. There are distinguished medical men on the Board of the Hospital, who admit that they would have considered their medical education in Dublin incomplete if they had not obtained certificates under the old system of having attended cases at the Lock Hospital—for they were admitted in former times, and I believe six years was the fee charged by Mr. O'Byrne. I cannot give you the exact date when that system was stopped by the order

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of the Governors but there are some very distinguished men in Dublin, Dr. Arthur Wynn Foot, who is past president of the College of Physicians, and Dr. Cruise who is also a past president of the College of Physicians and a member of the Board of the Lock Hospital—and who have certificates. I have seen Dr. Foot's, I have never seen Dr. Cruise's, but he told me he got it and that he valued it. I myself being junior to him was obliged to go to Paris to study venereal diseases in women, I was not able to procure any valuable instruction in Dublin upon the subject.

2502. And of course that in your opinion is a great want in the Dublin Medical School?—Oh a very great want, and I think the patients suffer from it in this way. There are a number of cases which "if advanced students were admitted" would be better dressed and better attended to, such as tertiary ulcers and things of that kind in an hospital where there are so many as from seventy to eighty-five patients, and where there is only one resident surgeon to look after them all, he has a great deal to do. He is obliged to attend midwifery cases—he is obliged to look after the compoundings, and he really would not have time to do the dressing himself which would be better done by students or clinical clerks, and which is now done by wardmaids or nurses—principally by wardmaids—and even by the patients themselves, for each other.

2503. And of course the students would avail themselves of an opportunity of studying these diseases if such were afforded them?—They would, and I know for my own part if any patient objected to be examined in the presence of students, I would yield to her feeling of bashfulness. Of course we all know that some of these women might, perhaps, be acquainted with the students, and externally might not wish to be examined before them.

2504. Mr. KENNEDY.—That would be an exceptional case, however?—That would be the exception, I think.

2505. The CHAIRMAN.—Have you got anything to say further upon that point, Dr. Fitzgibbon?—Yes. I think that the rules of the hospital tend to a considerable extent to encourage the patients to go out before they are well. I think that they are put under restrictions in the hospital which, although there are reasons on both sides, are objectionable. One is, no patient can receive a letter in the hospital without its being opened—except married women—opened and read by the matron. That is one of the rules and the matron simply does her duty in that respect, but I think that is a very great violation of the individual rights, and I don't think that patients ought to have their letters opened.

2506. Before you proceed, tell us who made that rule?—The Board of Governors, I believe.

2507. And has it been in existence long?—It has been in existence since before I was appointed. That is one point and it acts in this way. It has driven patients out of the hospital in spite of me—patients who one day have expressed themselves content to remain until they should be well, have come one thousand day and insisted on going out before they were well, and the reason they gave themselves was, that there was a letter waiting for them at a house outside, and that they could not get it sent in without its being opened.

2508. Is there any other rule that you object to?—For my part I don't like the religious distinction between patients. I think it is a mistake dividing them into Roman Catholic and Protestant wards, but particularly with respect to the married women's ward. The married women's ward is exclusively for Roman Catholics. I have had Protestant married women who, without a stain upon their moral character, came up from the country for admission to the hospital as patients under me, and they refused today because they were put into a ward with the women of the town—that is the Protestant ward. I represented this matter to the Board, and the Board adopted a system which I think is only one to make it appear to meet the advertisement which is in Thom's Directory—and the prospectus of the

hospital—that there are special wards for the reception of married women. They have allotted a small closet off one of the wards—which was originally a sleeping room for the wardmaids or nurses—as a ward for the Protestant married women, but it is simply putting them into solitary confinement to put them in there. If they do come in and are put into this ward, they request to be put into a ward where they would have the company even of the women of the town, or they go away to a general hospital. They generally go to the City of Dublin Hospital, and they have no objection to be examined before students—the respectable women.

2509. I ask him to ask you why do you object to the religious divisions in the hospital. I can understand you objecting to the married women and the prostitutes being put into the same ward, but why do you object to the patients being put into separate wards according to their religions?—The reason I object to it is this, that really it cannot be enforced. The Roman Catholic clergyman has a power over his flock of ascertaining really when there is an intruder, and when a Protestant goes into a Roman Catholic ward he generally manages to get her out of it. But in the Protestant ward, the Protestant clergyman cannot exercise the same power, and it has really come to a classification of their own—for women go into the Protestant wards irrespective of their religion. They are a class of women who are in a better social position, so to speak—whose standards is of a better class of men—women who are better dressed and better off in the world, and who do not wish to associate with women who in police court parlance are known as nightwalkers. These latter go into the Roman Catholic wards as a rule but I think a large proportion of the women in the Protestant ward are Roman Catholics, who go in there to avoid the common prostitutes and the great. I think there should be no distinction between the married women. I think there ought to be one common ward for married women—both Protestant and Roman Catholic having their certificates of marriage, and let them mix in that ward as they do in any other general hospital. One reason given and a cogent one, for the division of the patients according to their religions is, that this system gives an opportunity to the respective clergymen of exercising persuasion, and imparting religious instruction to patients of their religion, without having persons of another religion present. But that is not supposed at all to apply to the married women. They are supposed to be respectable people.

2510. Well putting the married women aside, and assuming you are far so distinction as to religion regarding them—why do you object to the distinction of religion between the other class of patients—the prostitutes. Don't you think the clergymen by having these separate wards be able to do something towards their reclamation?—I think that the clergymen might take them out of the wards, and have his catechetical class, if I may call it so, out of the wards—but let the wards not be separated by religion.

2511. Then you would not be in favour of religious ladies being employed in this hospital?—On the contrary, I think it is a great pity that lady visitors are not allowed to go in, and that these patients are not humanised, as it were. I know numbers of ladies who would be most anxious to visit the Lock Hospital, and who would go round and do a great deal of good.

2512. Don't you think these ladies would do more good—if for instance, Protestant ladies had to deal with the Protestant patients, and Roman Catholic ladies with the Roman Catholic patients alone?—They could find out the religions of the patients the way they do in the general hospitals. When a patient was admitted, they could easily find out what religion she was. As a rule, in other hospitals—Bogget-street hospital for instance, a Protestant lady never goes to speak to a Roman Catholic patient upon religious subjects.

2513. I take it also that you think ladies would have more influence with these fallen women than clergymen?—With a great many of them. There is another point which occurred to me, and which I should



not like to escape my memory—with regard to the classification of patients—I think the classification of patients is very bad. We have a ward for first admissions. These first admissions are necessarily of two classes—are, young prostitutes who have become diseased for the first time—and the other, women who are not prostitutes at all—that is, whose livelihood is not earned by prostitution—servant girls and girls employed in shops—now I don't think that these girls ought to be allowed into the same ward with the professional prostitute who contaminates them. Among this class is very often a girl who has been seduced, and who really has not morally gone permanently astray before at all. Her association with the professional prostitutes sends such a girl out of the hospital very much nearer being a prostitute than when she entered it.

2314. Now is there anything else you wish to mention with regard to the rules of the house?—No; but I think that our hospital would be very much better by having a clinical class. That, however, is a matter of opinion.

2315. Would you be in favour of handing over the hospital to religious communities for the nursing?—Certainly not.

2316. Mr. ARMSTRONG.—Would you advocate a system of paying patients in the Lock Hospital?—I would, and I think that a good many women would come in who would not now come in among ordinary women. I think that many would come in who are now treated by gentlemen practising outside who have offices for the purpose.

2317. I gather from what you have said that you would advocate the formation of a special course for clinical examination in the hospital, from which the fee paid by pupils might go to the benefit of the institution?—Certainly, I think it has been a very great defect in our medical school in Dublin, that we have been turning loose men upon the public who cannot recognise venereal diseases in women. In private practice, I have met women suffering from coarseness on the part of their husbands, and where men in good position and practice have failed to recognise the fact, that it was such simply because they never had an opportunity of seeing such cases.

2318. You are in favour of complete isolation in the case of a hospital for syphilis?—For a complete isolation of the hospital or a complete isolation of the patients if there were Lock wards in other hospitals.

2319. Have you given any consideration to the subject of the capitalisation of your Government grant?—I have. I am disposed to think that if there were Lock wards attached to a certain general hospital that the patients, particularly the better class of prostitutes, would be more likely to go into an hospital of that sort than to go to the Lock Hospital—because if they came out of the Lock, and it was found that they had been there everyone would know that they had been there for venereal disease, whereas they might have been in a general hospital without the knowledge getting abroad that they had been in the Lock ward there—although at the same time a good many patients come to the Lock Hospital and go out of it and none of their friends ever find out where they have been in the interval. That is the case of a considerable number of them—their friends fancy that they have gone on a trip, down to the Curragh or over to Liverpool or somewhere.

2320. Sir RICHARD MARTIN.—Do you think that you would have students to apply if you were free to admit them into the hospital for clinical instruction?—I know we would. I know that when I suggested having a qualified unpaid clinical clerk, one of the objections made by the Board of the hospital was that it would lead to expense—that he would have to be a paid officer. I then offered to appoint a gentleman fully qualified, without pay for a term of three months, subject to the approval of the board, but that proposition was refused also. I believe that I would have got twenty applicants for each three months' term, willing to pay a fee of five guineas although I did not

propose doing it that way at all or even issuing a certificate.

2321. In what year of the student's life would you allow these young men to attend the Lock?—I would not allow any young man to attend the Lock Hospital until after he had passed what is called his "half" in the College of Surgeons—that is to say that he would be in his third year of study, and in fact a man who would be beyond all doubt, an established medical student who had really gone to the profession with the intention of sticking to it. A great many men matriculate and work for a year and then throw it up. I would not let them enter the place at all.

2322. Would you be in favour of allowing male patients as well as female patients into the Lock?—We are badly in want of male Lock wards in Dublin. We cannot keep these patients in the general hospitals—too many of them would render it necessary to have hospital surgeons instead of ward maids and female nurses, because it is a dirty class of business. The beds of these patients get very dirty, and it is degrading to women to have to attend to them. I think there ought to be male Lock wards with men attendants—and I believe there were male wards in the Lock Hospital at one time.

2323. The CHAIRMAN.—Is that the system in Paris?—Yes, it is also the case in Liverpool.

2324. Sir RICHARD MARTIN.—Allowing male patients in there, would that make the hospital more unpopular for women applying to go into it?—I don't think it would, if the two departments were perfectly separated with different entrances. They should be entirely isolated. I would not have the men and the women waiting in the same ante-rooms, but all that could be regulated easily I think.

2325. Do you find that women apply for admission at the earlier stages of their disease?—Well a good many of them come in never knowing what is the matter with them, and before they are certain of what is the matter with them. In fact it is not an uncommon thing to admit patients who have simply come for the purpose of being examined, and I think that if we had a free examination for these women without their necessarily coming into the hospital as patients at all, it would do great good, and a number of these women would come for examination.

2326. Free examination?—Yes. I think a great many women would apply simply for the purpose of ascertaining whether they had contracted venereal disease; for we all know that women are liable to other affections which produce irritation and inconvenience, but which are not venereal disease. Occasionally women suffering in that way apply at the Lock Hospital and they are discharged, perhaps, next day all right.

2327. But have you not a dispensary there to examine women?—As a rule we admit the patients first, and examine them afterwards. They very rarely apply unless they have got some disease, and for the purpose of facilitating examination it is necessary that they should have a warm bath, and that their clothes should be changed in a great many instances before they are examined. This is done for the comfort and the safety of the surgeons themselves as much as for the facility of examining them properly. A woman who has been drinking and neglecting her person and knocking about—it is a great deal better to admit her, give her a bath, get the hospital clothes upon her, and then examine her next day. That is our practice.

2328. You would be in favour of allowing ladies of different religious persuasions to attend the patients there?—I would. I would not have the slightest objection to seeing Sisters of Charity or Sisters of Mercy going in there.

2329. Mr. KENNEDY.—Doctor, you have had considerable experience, I should say in Paris and probably in London?—I was a year in Paris, and I spent most of my time there studying this disease.

2330. And contrasting the system in Paris for educating the medical profession in the treatment of

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that particular disease with Dublin, where we say we are a perfect medical school, do you believe that any change for the better in the education of our young men would be had if those facilities, for which I contend, were granted?—I have not the slightest doubt of it.

2331. May I ask how it is that now diplomas are given to men to go and practise in that particular branch when, as a matter of fact, the education they receive in it in Dublin is almost nil? Surely, somebody is responsible for giving a diploma to gentlemen to practise what they have not studied, there being no proper course of study available in the Dublin school?—Well, these gentlemen learn to answer questions merely from reading books—in the same manner in which some years ago fevers were dealt with. A very large proportion of men, when I was a student, went out upon the world without ever having seen a case of typhoid fever. We would have in the hospitals a class of thirty or forty pupils, but when we came to the door of the fever ward it dwindled down to five or six, and those students possibly were able to answer better than the others who had gone away, but all got through alike. Those who did not get the clinical instruction obtained their knowledge from books; and it is just the same now with regard to syphilis or venereal disease.

2332. You do not approve of that system?—I do not.

2333. Now, with regard to changing the premises of the Lock Hospital. If large premises could be had with a considerable acreage extent, and that the male patients could be put at one end and the female patients at the other, and that the physicians would only have to pass from house to house, do you not think it would be a great mercy to the city of Dublin if we could concentrate this disease in one hospital?—I think our present Lock Hospital is very well situated, and I think it is quite big enough for the purpose.

2334. But not for male and female patients. You have no concrete ground?—That I admit is a great drawback. The women cannot get fresh air at all, and in the treatment of this disease that is very important.

2335. But assuming that you could get premises that would be large, airy, and healthy without any encumbrance on your present ground, and in which males and females would be treated, would you be in favour of such a system of treating that disease?—Certainly, I would. Our present place is too much of a prison, because we have no grounds attached to it.

2336. Mr. ARMITAGE.—That very objectionable rule with regard to opening the correspondence of patients, was that ever brought under the consideration of the Board?—I think so. I may tell you that I have myself once or twice seen letters which justify to a certain extent that rule—that is to say, these letters were a strong argument in favour of the continuance of the rule. But I think that the fact that women go out in spite of me and in spite of my colleagues, in consequence of this rule, is a much more cogent point in favour of its removal than the other for its continuance. I have seen a letter, for instance, from a brothel-keeper to a girl, telling her that she has a nice room for her, and nice clothes for her, and all sorts of inducements for her—and this was an uncommonly handsome girl, who was by this brothel-keeper directed to obtain her discharge from the hospital on such-and-such a day, and that this woman would meet her at such-and-such a place. I saw that letter myself.

2337. The CHAIRMAN.—But you think that although these abuses might crop up, still the balance is entirely in favour of allowing the patients the rights of free correspondence?—Very much so. There was another rule made by the board that I would like to mention when on the subject. The Board have passed a rule—an instruction to me and my colleagues that if a woman who is not well of acute venereal disease insists upon

going out of the hospital against our advice that we are then to put a black mark against her name and that she is to be expelled from the hospital and not discharged, the object being that if she comes back again that black mark should be a prohibition against her being readmitted. Well now that is an absurdity, for if the hospital is for the purpose of preventing the spread of venereal disease, we have no right to prevent a woman who has a contagious disease from coming in. It is contrary to all principles of humanity and I won't act upon that. If a woman comes in suffering from venereal disease, even though she has broken some of the rules in the place and kicked up a row before because I would not discharge her, I will not refuse to admit her. If I refuse to discharge a woman, she looks up a row and makes herself very unpleasant to every one including the matron and the house surgeon—so that she is eventually turned out. You may give her in charge of the police, but she comes back again after she has put up my twenty-four hours in Kinsale Prison Gaol.

2338. Are any visitors admitted into the hospital?—Oh yes, visitors are admitted on certain days during the visiting hours, but I don't think they are admitted to the wards. I have not been there during visiting hours myself.

2339. But I suppose some arrangements are made, or that there is some control to prevent women of the class that you mentioned just now, getting into communication with your patients—for instance a brothel-keeper?—I don't know that you can prevent them under the existing rules. Nobody will come in to see these patients at present, except other prostitutes or the mistresses of the houses in which they live. Occasionally their mothers or their brothers come. I don't know what restrictions the Board has made as to visitors. The medical staff of the hospital have no position on the Board of Governors. We are not present at any of their councils, which I think is a mistake. In my opinion the working staff of an hospital ought to have a voice in the general management of the institution. Of course I know that the lay governors say to that—that we would be in the position of being our own masters and might be called upon to deal with a vote of censure upon ourselves, but I think in such a case we would be asked to retire and leave the rest of the Board to settle the question. I am very decidedly of opinion, however, that the members of the medical staff who are so much in the hospital ought to be more frequently associated as to its management than they are.

2340. You don't know whether visitors are admitted to the wards or not?—I think not. The patients are brought down to the hall.

2341. Mr. KENNEDY.—Is not that so Mr. Fitzgibbon? Mr. Edward Fitzgibbon.—Yes, the patients are brought down.

2342. Mr. ARMITAGE (to Dr. Fitzgibbon).—Are your rules and regulations in print?—I got some antiquated rules when I was appointed, and I have more than once since suggested that the rules ought to be revised and the duties of every officer properly defined.

2343. Do you think that if you established a clinical class it would be so very difficult to have order and decorum maintained in the institution as has been represented to us?—I am perfectly certain it would not. I don't think that in the world there is a better conducted class of young men than the medical students of Dublin.

2344. Sir RICHARD MARTIN.—Particularly those in their third year?—Quite so.

2345. Mr. KENNEDY.—You never saw any disorder in any of the Paris hospitals although there was a large number of students going round?—No, never.

2346. Although there were upwards of twenty-five students in the class, I suppose?—Perhaps twenty-five to thirty.

2347. The CHAIRMAN.—You would be in favour of having power to punish women who kicked up a row in the hospital?—Yes, I would have a solitary confinement

most ward and make a prison of it for people who are comforted themselves.

2348. Mr. ANASTASIOU.—Would it not require an Act of Parliament to do that?—Yes, but I think there have been Acts passed giving very much greater powers elsewhere.

2349. That is the Infectious Act?—No, but I am speaking of the Contagious Diseases Act.

2350. Dr. DONNELLY.—I think when I spoke of disorder being in the hospital I think you misunderstood what I meant. I did not express myself clearly enough. I did not mean at all any disorder between the students and the patients, but after the students left. That is the time. You never see any disorder in going round in any Paris hospital, perhaps. But if Dr. Fitzgibbon were in the hospital in the evening—that is the time and that is the only time that there would be any disorder consequent upon clinical instruction being given. It would come in this way. One patient would perhaps have a favourite, and another patient would say something about him, and then they would begin to fight. That is the way the disorder would arise, and when that occurs it is not so easy keeping order as one would imagine for we have no means of punishing them.

2351. Mr. KENNEDY.—I understood you to say you had not such a great number in the wards, and I said if you had smaller wards containing a fewer number of beds surely you would be able to keep order in that small ward as well as they do in a general hospital?—Yes, that is true—at present there are forty beds in these wards, and they all go into each other. I agree perfectly with what Dr. Fitzgibbon said, that there should be some place for punishing disorderly patients instead of sending them out as is done now.

2352. Dr. DONNELLY entered a subsequent sitting and said—I wish to make a statement with regard to my evidence on Saturday last, and to add something to it. It would appear from the evidence then given that I was opposed to clinical teaching in the Lock Hospital, and that I did not recognise the necessity for it. Now, I don't wish to be understood as having said anything of the kind. On the contrary my opinion is that there is no subject that requires clinical teaching so much in Dublin as this. It cannot be overestimated how necessary it is for students to have that instruction, and an opportunity of seeing the

various phases of venereal disease, but I fear that the disorder which would cause if that instruction were given in the Lock Hospital, would render it impossible or at least very difficult there. With regard to the appointments to the hospital, I think it would be much better if they were made for a limited number of years, and that the surgeon appointed should be trained. They are not trained before appointment to the Lock Hospital in the same sense as the masters of the Coombe and Rotunda Lying-in Hospitals are, and I think that it is far more necessary, than in either of those institutions, that the man who should be appointed for the Lock should have previous experience in training in the hospital, because it is not only under the voluntary system the diseases you have to treat exactly, but you have to know all the peculiarities of the patients, and their dogmas, &c., otherwise they would deceive you in every possible way. In our hospital generally speaking when an appointment is about to be made all the men in Dublin who have already hospital appointments go up for it. Now I think dual hospital appointments are a mischief, but more particularly so in the case of a special hospital. I think no man appointed to a special hospital should hold any other appointment—as is the case in the Rotunda and in the Coombe Hospitals—and moreover he should be appointed for a limited number of years, say ten or fifteen years. That system would have a double advantage, I think. During that time the surgeon would be far more likely to devote all his energy to the institution as on his success in the place his reputation afterwards would be built, and he would have more time at his disposal for the study of the various forms of the disease which is all important to a specialist.

2353. Mr. CHAIRMAN.—Is that all you have got to say?—Well with regard to our Board of Governors, I would like to add one word. It has been said that the hospital is unsectarian and as it is, but I wish to remark that there is a very large preponderance of Protestants on the Board as it is constituted at present—twelve to seven. Of course with them, as I suppose with others, when an appointment becomes vacant the question of religion generally enters into it, which I think is very inadvisable.

Witnesses were then called with regard to the Hospital for Incurables, Dublin.

Nov. 16, 1904.

Mr. Henry Fitzgibbon, M.D.

Mr. Thomas Edward Grey examined by the CHAIRMAN.

Mr. Thomas Edward Grey.

2354. I believe you are the registrar to the Hospital for Incurables?—Yes.

2355. And you have filled up the answers to the queries sent out by the Commission with respect to your hospital?—Yes, by direction of the Board.

2356. Were the answers to these queries laid before

your Board before they were sent to us?—Oh, yes, they were immediately placed before the Board and considered when the Board met.

2357. So that we may take them as the official answer of the Board?—Yes, the answer of the Board.

Mr. J. H. Wharton, M.D., F.R.C.S. examined by the CHAIRMAN.

Mr. J. H. Wharton, M.D., F.R.C.S.

2358. You are one of the Governors of the Hospital for Incurables, Dublin?—Not one of the Governors, I am Surgeon to the hospital.

2359. Would you tell me how are the patients admitted to the hospital?—I brought with me, sir, a statement of the preliminary steps. The names of the candidates and their diseases are printed on a paper such as you see here, and they are brought before the Governors (producing paper). This is a list of the candidates for the next election.

2360. And how do the governors determine the admission among the candidates for admission?—All the candidates are visited by the governors, who go round on the day of the election, and at a previous meeting of the governors, a committee appointed by them visit all the cases too. Occasionally there are some difficulties when two parties appear to have equal claims upon the institution, and the medical officers are asked to go out and see which of these two cases is perhaps the worst or most fit for admission.

2361. Could you tell me what is the average duration of life amongst the patients after their admission?—I

am not informed on that, but I have known a patient to be in that hospital for upwards of forty years.

2362. Now do you think that the Hospital for Incurables should be supported by the State, or get a grant from the State?—Well, I could scarcely imagine any institution more worthy of support. I think that anybody who has seen the list of candidates for the institution I think would agree with me. Mr. Kennedy has seen them.

2363. But as to a great many of these, judging of the cost per bed—the treatment cannot be very much superior to that given in the union?—Well, I have always heard the highest character of the way in which the patients are treated in the unions. I have nothing to say against them in that respect. All I have heard about the patients in the unions is, that they are treated very properly and very kindly. But I think, if you allow me to say it, that the condition of incurable patients is such as to require very varying treatment. The most subtle details with reference to the management of patients who are not incurable, does not apply to incurable patients. For instance, the

Nov. 26, 1885.

Mr. J. R.  
Wharton,  
M.B., F.R.C.S.I.

Governors have given me and my colleagues full power to vary the diet of a patient, according to the exigencies of the case. The patients are very varying in their tastes. For example, a patient may wish to be put on beef tea and soup, and at the end of three days he may wish to be put on something else. The Governors, with the greatest kindness, give full power to me and my colleagues to order anything extra we like.

2364. Could you give me any idea of the proportion borne by patients suffering from different diseases in the hospital at the present moment?—From acute disease?

2365. How many are there, for instance, in the hospital at present suffering from chronic cancer?—There aren't very many at present, sir. There sometimes seems to be a run of this particular kind of case. Now there are one or two of these cases marked down for the next election. I went to see one of them last Sunday in Bishopscroft. He had cancer in the tongue and mouth, and no doubt the governors will admit him if possible. It is a very bad case.

2366. What constitutes a governor?—Twenty guineas subscription.

2367. Have you any general remark to make about the hospital—its nursing or anything of that kind?—I don't know that I have anything to say about the nursing, and anything I might say in favour of the hospital might be looked upon more or less as a prejudiced statement. But this much I can say, I know that there is great contentment among the patients in the hospital. Great care is taken of the patients, and certainly of those in not great care taken of them it is not the fault of the governors, for anything I ask for from the governors I am sure to get, and at any time of the day or night if a patient required anything that might not be at hand in the hospital I have only to send for it and get it through the agency of the medical men. For instance, I have known myself, at night when a patient might be suffering from severe vomiting, and there might be no ice in the institution at the time. Well, I would send out a messenger to my club, and ask the master of the club to give me some ice. I am never at a loss for anything we may require—either medicine or diet, or anything else.

2368. Of course those patients can see their clergymen whenever they like?—There are set hours every Sunday on which they can, and there are certain hours in the week days.

Mr. KENNEDY.—Oh, there is the most absolute freedom.

2369. The CHAIRMAN.—But suppose at any hour of the night if a patient were dying?—Oh, certainly. In such a case as that we even send telegrams to the country notifying to the patient's friends the alarming state in which the patient may be.

2370. Mr. ARMISTEAD.—There is no similar hospital in Ireland to the Dublin Hospital for Incurables, I believe?—There is no hospital for incurables in Cork.

2371. I was not aware of that?—Yes, but I think it is confined to one religious element.

2372. Mr. KENNEDY.—That is the Cancer Hospital?—I think there is no hospital for incurables there.

2373. In addition to the Cancer Hospital?—I don't know.

Mr. HUTTON.—There is one at Lifford too, built by the Bishops.

2374. The CHAIRMAN.—The list of applicants is very great?—Very great. I remember one occasion when we had a large number of applicants for admission—all deserving cases—and when we were obliged to turn many away, I said to one gentleman "This is very sad," and he replied, after he had seen the list of applicants, "So sad as that I could never endure it again."

2375. The mortality between the time of rejection and the next meeting is something enormous?—Yes. The list of applicants, I am informed, is sometimes so great that I would like to see a spare ward where the

patients could be removed occasionally so as to get the wards cleaned out and changed, for although the place is scrupulously clean—if, for instance, it was necessary to withdraw the ceiling, that would cause great inconvenience to the patients. I would like very much to have a spare ward if it could be built. With regard to cancer, the Chairman, Mr. DUMMOND, has invented a plan which has worked remarkably well. It applies to male patients. He has got a portion of the ward varied off from the rest, so that the other patients may not be affected by the offensive nature of the disease.

2376. The £350 awarded to your hospital does not form any portion of the Government grant to hospitals?—No; it is an odd grant.

2377. Mr. ARMISTEAD.—What they call the Co-ordination fund?—Yes.

2378. And that is the only grant you have?—That is all. We receive no grant from the Sunday Hospital Fund, for our hospital is not a teaching hospital.

2379. It may be stated that the management of the Hospital for Incurables is perfectly unsectarian?—Oh, yes; there could not be greater harmony among all classes, I think, in any institution.

2380. Mr. O'REILLY.—Have you got a mortuary?—We have now. Some years ago there was no such thing there. I am glad you asked the question. When I was appointed there was no such thing, and I spoke about it. The hospital has been very much enlarged since. It is not very long since the mortuary has been built.

2381. How long?—I was appointed in 1870, and I think it must have been within a couple of years after that.

2382. Sir RICHARD MARTIN.—Can you tell me whether in the admission of patients preference is given to those suffering from consumption?—I think generally the Governors have a feeling, and a very proper feeling, in favour of cases of cancer and consumption.

2383. Are there a large number of consumptive patients in the hospital now?—There are, indeed, although there have been some deaths lately from consumption. It is wonderful how these patients improve sometimes after they are admitted to the hospital, owing to the benefit derived from the change of air.

2384. I see that you have 167 patients. Is that a large increase on what it was ten years ago?—Oh, yes, we have had the new building since.

2385. Mr. HUTTON.—Do you take pay patients in—have you pay wards?—No.

2386. You never had?—No. I don't know, for instance, what the Governors will do next Tuesday about a case I was speaking of. That man with cancer in the mouth is a soldier having a pension. I found that out when visiting him. Whether the fact of his having a pension will be any interference with his admission I cannot tell. I hope it will not.

2387. Of course some of these people who are incurable would be perfectly capable of paying a portion of their keep?—I don't know that that has been considered by the Governors, so far as I know. I know that I have been myself offered money by a man. He said to me—"I have a trifle of money, and I will give it over to the hospital if you admit me as a patient," but I don't think that that ever weighs with the Board of Governors.

2388. Mr. KENNEDY.—From your experience as a medical man don't you think that the patients in an incurable hospital are as well entitled to public support as patients in any other hospital?—I should say they are as well deserving of it.

2389. Don't you think they are as much in need of continuous medical treatment as the patients in other hospitals?—Yes, not only is that so, but it is a matter which requires very vast experience to meet the requirements of their various constitutions.

2390. And don't you think that where the

Governors are so generous in providing the buildings and requisites that they are entitled to have that hospital specially considered in the event of any readjustment of the Government grant?—I think so, sir.

3391. Do you believe that if you got an increased grant that a sum of money proportionate to that grant would be forthcoming in a few years, owing to the popularity of the Institution, to increase the building so as to give the extra wards for both males and females that you want?—I don't know that.

3392. Don't you think that if there was a fund given out of the hospital's grant that would support the beds that the Governors would be able out of voluntary contributions to provide additional accommodation by building within the next few years?—That would involve a great deal of additional expense.

3393. Of course, and I don't think that if you did not get a considerable share of the Government grant you could not face the work, relying on voluntary subscriptions alone, but seeing the enormous number of cases sent from the doors of that hospital on almost every admission day, and admitting the necessity for

increased accommodation, do you believe that that hospital is so well calculated to provide an increased establishment as any other hospital in the city, if, when you have that increased establishment you have a sufficient Government grant to maintain the beds?—I do; I fully concur with you in that.

3394. And as a physician presiding in Dublin, you believe that the hospital is so well entitled to that consideration as any other in the city?—I do.

3395. The CHAIRMAN.—At the top of this paper which you have given me, I find printed, "Every patient admitted costs the Board over £100 on an average, and sometimes £1,000." Have you looked into that?—I have, and that statement has to some extent surprised me. However, it is not a new statement; and the very case I have spoken of where the man was in hospital for forty years, must have cost a far larger sum, but the registrar will, I am sure, be able to tell you the average. Two or three others have been there for very many years, and judging from the sum available as interest on money, I don't think that is far beyond the mark, &c.

Mr. David Drummond, J.P., examined by the CHAIRMAN.

3396. I believe, Mr. Drummond, you are the Chairman of the Board of Governors of the Hospital for Insurables?—Yes, I am Chairman of the Board.

3397. What is the average duration of life amongst the patients after their admission?—I don't know that we have any special data to show that. You heard Mr. Wharton stating we had in the house a patient or patients who have been there forty years, but these patients appear to have been admitted forty years ago under very different circumstances to those under which they would be admitted now. I think the Governors are much more particular as to who they admit now than perhaps they were long ago. I know that we have one patient in the house at present who has been forty years there, and another did not very long ago who had been also forty years in the house, but I don't think that the average of life in that hospital would be more than about four years.

3398. Could you tell me how many cases of cancer you have admitted within the last year, or the proportion of the patients suffering from the different diseases?—We have not had so many cases of cancer within the last twelve months as previously. There were fifteen cases of cancer for the previous year up to the 31st March, and I should mention that cases of consumption and cancer invariably get a preference. If there are twenty or thirty applicants, the consumptive and cancer patients are invariably elected first.

3399. Do you wish to make any general statement?—Nothing further than to say that we have so very many applicants, and are so crippled for want of funds. There are eight Boards in every year for electing patients, with an average number of applicants of from twenty-six to thirty, although we sometimes can take in no more than four or five. If we had more accommodation and more means, we could double that number. The Board for sometime past has been contemplating the erection of two or three or four wards, in order to accommodate a larger number of patients, but inasmuch as we have no money at present the project has been set aside. In fact, we have got the plans for the purpose hanging up in our board-room, and we are only waiting until some kind friend bestows us £5,000 or £6,000 to proceed with the work. Then we would have a complete establishment. One of the additions would be a cancer ward, and the other a consumption ward.

3400. Would you just state to us the general ground upon which you desire a continuance of this grant?—Merely because we have such a number of patients, and our funded property and income would be insufficient to maintain the hospital, if we did not get this £300 a year.

3401. And also, I suppose, because you have patients from all parts of Ireland?—Oh, yes, from all parts of the country—from Donegal, from Mayo, from the county Cork, but none from Cork lately, inasmuch as there is an institution of the kind in Cork.

3402. But with the exception of Cork from all the other parts of Ireland?—Yes.

3403. And from Belfast?—Not lately from Belfast, as a very large hospital for insurables has been erected at Listerum lately.

3404. So that, except the hospital in Cork and the new one in Listerum, this is the only institution of the kind in Ireland?—Yes. It was the first of the kind opened in the three kingdoms. It was established one hundred years ago—just one hundred years before the great Hospital at Putney, in London.

3405. Mr. KESWEE.—I asked a question of Dr. Wharton, whether he believed that the Governors from their public spirit and energy, if they saw that they were going to get the means of supporting a very large increase in the number of beds, that they would within a very brief period of time collect sufficient funds to extend the institution—to erect new buildings?—Oh, I am quite sure we would. My heart bleeds every time we have an election, to see so many poor patients going away, simply because we have not accommodation for them. Out of the twenty or thirty applying for admission, and that ought to be accommodated, we very often can only take in but three or four. It is one of the saddest sights the Governors have to encounter, when they are obliged to send these poor patients away. Last election, we had twenty-one applicants, while we were only able to admit three. We have an election again on Tuesday, and I believe there are six consumptive and one or two cancer cases, but we can only admit six in all. All we want is more money to accommodate twice the number.

3406. Mr. HURDIS.—Are there any ladies on your managing committee?—There are lady Governors, but they are not on the managing committee. There are a very large number of governors—340 altogether—but many of them don't pay anything now. They have paid their twenty guineas to constitute them life Governors, and we are done with them in that respect.

3407. But, I believe, you have ladies on your visiting committee?—We have lady visiting governors. Every month, there is a lady visiting governor appointed along with two gentlemen visiting governors—a Catholic gentleman and a Protestant gentleman. A Catholic lady and a Protestant lady go on every month alternately, and they take charge of the hospital for the month, and are called visiting governors.

Nov 24, 1885.  
Mr. J. H.  
Wharton,  
M.B., F.R.C.S.

Mr. David  
Drummond,  
J.P.

JUNE 24, 1906.

Mr. David  
Drummond,  
J.P.

2408. **THE CHAIRMAN.**—Could not some of the poor people that you send away go to the Union?—I believe that a great many of them send their days there—most of them. Some of the cases are very odd, if they have to go to the Union. For instance, just now we have a barometer, and more than once we have had the widow of a doctor. We have two or three decayed scholars, and it is so sad to send away such people as these when we know that their only refuge is the workhouse. A stock-broker died the other day at the hospital—a captain of a ship died lately in the hospital.

2409. They are generally of a respectable class the people who apply for admission there?—Oh, yes. The Board appear to prefer always to deal with more respectable applicants—in fact they make up their minds that such and such a case should go to the workhouse, and they give the preference to those who have been in a more respectable position at one time.

2410. **MR. HURRIS.**—And do you get money from patients. I have heard that stated—Is it a fact?—No. We are not allowed by our Charter to receive money from patients.

2411. **MR. ARMISTEAD.**—I observe that you are preparing a new Charter, however?—Yes.

2412. **MR. HURRIS.**—And will you take powers in it to take in pay patients?—No, it will include no pay patients.

2413. **MR. ARMISTEAD.**—Might it not be well to take that power though into your new Charter?—Well, if we had new wards and a ward for the purpose we might do that. We could not put them among the ordinary patients at present.

2414. **MR. RICHARD MARTIN.**—Except in cases such as Dr. Whiston suggested, or a soldier having a small pension, that would go towards partly defraying the expenses of the hospital, you would not have any other class of applicants, and they would, I am sure, go into the ordinary wards if admitted?—That whole question has been fully considered by the Board, and they have determined that there should be no pay patients admitted, that it should be altogether a charitable institution.

2415. **MR. HURRIS.**—What is the object of your new Charter?—There are several things which required to be altered. For instance, the old Charter did not allow us to pay more than £60 a year in salaries—and that was to cover the nurses, the matron, the house-keeper, and every paid official connected with the institution.

2416. **THE CHAIRMAN.**—You take of course into consideration the disease in admitting a patient?—Very much indeed. The disease is the first thing—in fact that is the condition almost on which they are ad-

mitted. It is the open season—according as one is more diseased than another—that one is admitted first. We have had patients in the house who have only lived for two or three days—and very likely out of the six that may be admitted on Tuesday, the majority of them will not live more than five or six weeks in the house, because they are very far gone. We take in those that are farthest gone first.

2417. So that disease is your principal recommendation?—Altogether. Those suffering from acute diseases are taken in first.

2418. **MR. KASHREY.**—In fact those who are nearest to dying?—Those that are nearest to dying are admitted first. As a rule we do not like puerile patients much, because they have a long time in the house.

2419. As a rule you don't spend your money on elevating the condition of the poorer patients—you always prefer taking in persons who have been in a better rank of life?—Yes.

2420. And in fact you leave the poorer patient, who has his right to proper relief, to go to the union?—Yes, and they invariably get very well treated there considering their position in life.

2421. **THE CHAIRMAN.**—Supposing you had two people equally ill, why should you prefer the respectable man, or a man who might have been in good circumstances, to the other?—Because we think that to the poor man it would not be so lowering to go to the workhouse as it would be to the man who had been in a more respectable position in life at one time.

**MR. KASHREY.**—Oh, it is a very proper feeling. 2422. **MR. DRUMMOND.**—I wish to say that we do not get any portion of the Sunday Hospital Fund. Mr. William Watson, the Hon. Treasurer of the hospital is here, thinking that you might like to ask him some questions about finance.

2423. **THE CHAIRMAN.**—How is it that I see it stated that the incomes cost the Board on an average £100 each and some £1,000?—I don't know how that average was got at, but there have been, as you have heard, patients who have been with us very many years in the hospital. You have already heard the way they are admitted—that on a day before the election the visiting committee meet and go carefully over all the papers of the applicants and make a selection from them so as to recommend those who are most diseased and most suited for the hospital to the Board on the Tuesday following. We very carefully go over them for an hour or more, examine all the papers, and are prepared to say which are the poorer cases to be admitted to the hospital.

#### Mr. William Watson examined by the CHAIRMAN.

2424. You are the Treasurer to the Hospital for Incumbents?—The Honorary Treasurer.

2425. And do you wish to make any general statement?—Yes, I wish to state in general terms why we think the institution should receive a larger measure of support from the Government grant than it does. The hospital was built by public subscription more than 140 years ago, and since then the county infirmaries and workhouse hospitals have become very general throughout the country, and there is an amount of assistance granted to the sufferers that did not exist previous to that time, so that in a measure we have been enabled to discriminate more than we could in old times and obtain a better class of patients. The poorer class have all the assistance they require in the workhouse, and when we meet such patients as have been mentioned—Captain Ring and Mr. Boney, the stock-broker, who died the other day, and some ladies—we find that there could be nothing more painful than that those who had had the advantage of a good social position should be put alongside those of a very low type in the scale of society—it is in fact a kind of living death to them. Therefore when these cases come before us we are compelled to discriminate to a certain extent—

seeing there is relief for that other class in another direction. Then as to money, we have been suffering lately very much for want of funds. It has been my lot to try and influence gentlemen to become governors and I find great difficulty in getting them within the last two or three years. If you look you will see that there has been a great falling off in 1863-4 and 1864-5 in that direction. It is well known that this hospital is a perfectly unsectarian hospital. We never know what persuasion the patients belong to until after they are admitted.

2426. To what do you attribute the falling off in the number of governors?—To the want of means in the country.

2427. **MR. GREG** (the registrar to the hospital).—I wish to say that the other hospitals in the city cannot keep patients occupying beds when they find them invaluable, and such patients are very often directed into the Hospital for Incumbents, from Mater Misericordie, Adelaide, Vincent's, and other city hospitals—indeed you may say from every hospital in the city.

The commission then adjourned until Monday at half past twelve o'clock.

Mr. William  
Watson.

MONDAY, 16th NOVEMBER, 1885.

Nov 26, 1885

The Commission met in the Privy Council Chamber, Dublin Castle, at half-past twelve o'clock.

Present:—Sir ROWLAND BLENKINSOP, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., and Mr. RICHARD OWEN ARMSTRONG, J.P.

The Secretary (Dr. MYLES) was in attendance.

The minutes of the previous meeting having been read and confirmed, witnesses were called and examined on behalf of St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear.

Mr. James Wilson Hughes examined by the CHAIRMAN.

Mr. James  
Wilson  
Hughes

2438. You are Registrar of St. Mark's Ophthalmic Hospital?—I am, Sir Rowland.

2439. And you filled up the answers to our queries?—I did.

2438. Did you submit them to your Board of Governors?—I did, sir.

2439. And are the answers now submitted the official answers to the queries which we sent out?—Yes, they are.

Dr. John B. Story, F.R.C.S., examined by the CHAIRMAN.

Dr. John B.  
Story,  
F.R.C.S.

2440. You are Surgeon to this hospital?—I am, sir.

2441. And a member of the Board of Governors also?—Yes.

2442. I see that last year you had 612 intern and 4,533 extern patients?—Yes, the out-door department is very large.

2443. From those figures I would infer, that there is great necessity for the existence of such an hospital?—Yes, I think so.

2444. Would you state generally, what you think are the general advantages of such an institution?—Well, at the time when St. Mark's was founded, there was no other institution in working in Dublin, as an ophthalmic hospital, and it is necessary in a large city like this, that there should be an institution of the kind, not alone for Dublin, but for the country provinces of Ireland. A number of patients come from all districts of the country—sent up by poor law unions and subscribers in the country.

2445. Would there be any possibility of amalgamating your institution with the other ophthalmic hospital—the National Eye and Ear Infirmary?—Well, that question came before the Board of Governors previous to my being appointed to the hospital—when I was not a member of the Board—and the Governors took the opinion of counsel upon the subject. I don't think all the members of the Board were anxious to amalgamate with the other institution; but many thought that it would be desirable, and the opinion of counsel was taken upon the subject. That opinion was, that it would not be possible, under the trust deed under which St. Mark's Hospital was started some thirty years ago, to do anything of the kind.

2446. That is, it would not be possible to amalgamate with another hospital of a kindred character?—No—that was the opinion of counsel.

2447. As a general rule, would you be in favour of the existence of a special hospital of this sort, or would there not be an advantage gained by throwing the treatment of diseases of this character into the general hospitals?—I think it is better, certainly, to have a special hospital. It has been found so far other towns—that it works better. That is the custom all over England, and all over Europe in fact, and in America also—to have special eye and ear hospitals apart from the general hospitals.

2448. Is it a great convenience to students or the reverse, having the treatment of these diseases separate from the general hospital?—Well, I don't think that it makes much matter to students one way or the other,

in a city like Dublin, where they can walk from one place to another so easily.

2449. Have you got any general statement that you would like to make, or any suggestion that you would wish to offer to the Commission?—I don't think I have any suggestion to make, except that it would be a very desirable thing if the Commission could recommend us for an increased grant. Since the time £100 a year was given to the hospital, the amount of work done and number of beds occupied—serious cases and operations—have enormously increased, and the grant has remained in the same condition.

2450. Mr. HERMES.—You mentioned that St. Mark's was the first ophthalmic hospital started in Dublin. I thought the National Eye and Ear was the first?—What I said was this, that at the time St. Mark's was founded there was no other hospital working in Dublin, and the authority I have for that is *Thorne's Directory* for those years. I looked it up in the *Dublin Society*, and I found no trace in the list of medical charities in Dublin of any other ophthalmic hospital until a couple of years after St. Mark's was in existence.

2451. I am a member of the Board of the National Eye and Ear Infirmary, and I know that they claim to have been opened long before St. Mark's?—They were founded in 1814, but the hospital had fallen into disuse as a charity. In fact, it is not mentioned, as I observed, in *Thorne's Directory* until some years after St. Mark's was at work.

2452. Do you take in students from the hospitals for ophthalmic and ear surgery—students who are undergoing courses at other hospitals?—Yes.

2453. And do they pay you a fee?—Yes; three guineas a year.

2454. And do these fees go to the medical men?—To the medical men.

2455. Mr. KENNEDY.—From your experience, Dr. Story, don't you think that the amalgamation of these hospitals would be a great benefit?—Well no, sir, I do not.

2456. You do not think that amalgamation of the two hospitals would be of great benefit?—I do not.

2457. Then you would rather have them separate?—If the public wish that they should be amalgamated I have no objection. My own interests should not stand in the way for one moment, but personally I think it is better to have them separate.

2458. And do you think you have patients enough in both hospitals to enable you to support the beds at a reasonable rate?—I think so.

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Dr. John B.  
Story.  
F.R.C.S.I.

2451. You don't think that by amalgamating the hospitals, and a grant being given to one, that you could support more patients with the grant in one institution than in two separate institutions?—It all depends on the amounts of the grant.

2452. Suppose you had 100 patients that could be treated in one hospital, don't you think they could be supported at less cost in that way?—If concentrated—then if scattered over two institutions?—As a general proposition I agree with you, but when you come to the particular instance I don't think they could, because a large amount of money has been sunk in the two institutions at present in Dublin—St. Mark's and the National Eye and Ear Infirmary—in providing permanent plant which could not be made use of in a new building. New plant would have to be got, and the existing plant disposed of for little or nothing; and I think that the enormous amount of capital that would be required to start the thing would make the amalgamation much more expensive than our present arrangements.

2453. But assuming that one of the establishments could be taken off the hands of the medical men who founded it for school purposes—St. Mark's or the National Eye and Ear Infirmary—do you not believe that you would be able to treat with greater success and more satisfaction double the number of patients with more economy in one hospital than in two?—Double the number?

2454. Yes?—Certainly not.

2455. I don't mean with the same amount of money, but would you not support in one institution double the number of patients with more economy than you could support them in two institutions?—Of course; the proposition is an aphorism in the way which you state it. We can do with one staff, one accountant, one registrar, one apothecary, one house surgeon, and so on. There would be greater economy in that way.

2456. And that would come to very nearly £5 or £6 a bed in the small number you have?—Hardly so much I think.

2457. But at all events you do not wish to see an amalgamation between St. Mark's and the National?—I think more benefit is done to the medical profession and to students, and to patients themselves by competition. There is some use in competition after all.

2458. The CHAIRMAN.—I see that the gross average annual cost per bed in St. Mark's is £43 3s. 7½d.—Yes.

2459. And comparing that with some of the other hospitals it is not an extraordinary large cost?—No. I think on the contrary it is rather low.

2460. And in the National Eye and Ear Hospital they are still lower I find?—Are you sure that they are lower?—I was not aware of that.

2461. Not much lower, but their figure is £38 16s. 3d. per bed. You will see the different returns in the sheet which the secretary has handed you (expenditure sheet handed to witness). But could you tell us why in your hospital your expense per bed is so low compared with other hospitals?—Well, answering that as a general question, I should say the cost is low in the Ophthalmic Hospitals because we have not got so much expenditure in feeding up our patients, or in expensive nursing arrangements as in other institutions. Our patients do not require so much nursing

or so generous a diet, and therefore the cost would be low in such an hospital compared with the general hospitals, or with hospitals like the Coombe or the Rotunda.

2462. And you can work the hospital with a smaller staff than a general hospital can be worked?—Yes; we can work the hospital with a much smaller staff.

2463. I find you take in pay patients?—Yes.

2464. I see that last year you received from pay patients £486 1s. 2d.; what does do these patients come from generally speaking?—Principally from the unions. I can give you the actual account for last year of the moneys received, if you so desire.

2465. Please.—We should have that on the notes?—Well that item of £486 1s. 2d. from pay patients is made up thus—in-patients hospital £129 15s. 7½d.—in-patients Royal Irish Constabulary, £40 10s. 0d.—out-patients poor law, £224 4s. 10½d.—out-patients, dispensary, £193 10s. 0d.

2466. Am I right in saying that the study of diseases of the eye and ear forms a special course, requiring a certificate before the universities will grant their Medical Degrees?—One Licensing body exists such a certificate—the Dublin University. The other, the principal licensing body in Dublin—the College of Surgeons—does not insist upon the production of a certificate, but it gives the candidates for the degree a stiff examination in Ophthalmic Surgery and therefore the study of that branch is necessary for other degree.

2467. What other hospitals are there in Dublin in which the diseases of the eye and ear are treated?—In the National Eye and Ear Infirmary, and our own.

2468. These are the only two?—These are the only two institutions that I know, and they are the only two institutions that are recognised by Trinity College.

2469. Is there sufficient accommodation for that particular class of disease existing in Dublin?—I think we could easily fill more beds if we had them.

2470. Is the certificate of any other hospital not recognised by Trinity College?—Not in Ophthalmic Surgery to my knowledge.

2471. What is the qualification required by Trinity College?—I thought it was an hospital of over thirty beds?—I do not know what the qualification is; but my belief is—I speak under correction—that Trinity College recognises the ophthalmic certificate of the National Eye and Ear Infirmary, and of St. Mark's hospital, and of no other.

2472. Not of the Mater?—I think not. I have no reason to believe that it does.

2473. Not the Richmond?—No.

2474. Not of the Meath, because it was voted here by one of the witnesses, that they practised aural and ophthalmic surgery at the Meath?—I think they practise it to some extent in nearly all general hospitals; but I am sure you will find I am correct in stating that Trinity College recognises no certificate other than those from the National Eye and Ear Infirmary, or St. Mark's.

2475. You don't know what qualification Trinity College requires before receiving a certificate from an hospital?—No, I do not; I am not aware of that.

Mr. J. W.  
Hughes.

Mr. J. W. Hughes recalled and examined by Mr. HERRIES.

2476. With reference to the proportion of "pay" patients to the total number, can you give us any information?—Well I have not analysed the accounts as regards the in-patients, but I can make out a return and send it in.

2477. Very well. What do the in-patients pay generally?—The rates vary. These from the poor law unions pay 1s. 6d. per diem, and the Constabulary

patients pay now—the unmarried men of the force 3s. 3d. per day, and the married 1s. 6d.—the old rate. Then there are the hospital intern patients, or persons who come in, or who are sent in by their friends, and who are willing and able to pay, but that rate varies according to the circumstances of the patient. We have had children and young people there as low as 6s. a week, and there are some who can pay much better.



There is a special ward where we get as much as two guineas a week from patients, but usually the rate is 10s. a week for people in maddening circumstances.

2478. Sir RICHARD MARTIN.—That is for the intern patients?—Yes.

2479. And do you take any fee from the extern patients—at the dispensary you know?—Only 6d. for their ticket which entitles them to some medicine and attendance for a month, but one-third of the

whole number of the dispensary patients are treated free.

2480. Mr. HUTTON.—And do they pay for their medicine?—The sixpence covers the whole cost, but it does not nearly defray the expense of the dispensary.

2481. Sir RICHARD MARTIN.—Those who do not pay the sixpence—Those who are treated free—do they get medicine?—They do, Sir Richard.

2482. Free of charge?—Yes, free of charge.

Sir James W. Messey, B.L., examined by the CHAIRMAN.

Sir James W. Messey, B.L.

2483. You are one of the Governors of this hospital, Sir James?—I am.

2484. Would you be in favour of an amalgamation between St. Mark's and the National Eye and Ear Infirmary?—Well, to the best of my judgment I should prefer to see these hospitals separate.

2485. Could you tell us what Trinity College requires before it receives a certificate from an institution for ophthalmic surgery—what are the conditions?—I think Dr. Story would be a better authority on that subject than I.

2486. He was not able to answer that question and I thought that you could give us the information—I believe they do not recognise an hospital with less than 30 beds?—We have over 30 beds—84 or 88.

2487. Is there anything that you would like to state to the Commission in addition to the evidence which you have already heard given?—No, except that we would like to have a little more money for the promotion of the institution.

2488. Mr. KENNER.—Suppose that one of these sets of premises could be parted with on advantageous terms and that the staffs and committees could unite, do you adhere rapidly to the opinion that amalgamation would not be productive of good?—I think the hospital on its own merits would do more good, because I think there is a competition where there are two hospitals, and in my opinion competition is beneficial in such a case.

2489. The CHAIRMAN (to Mr. Hughes).—Do you know, Mr. Hughes, what condition Trinity College requires before it accepts the certificate of an hospital?—I mean as to the number of beds?—I do not know.

2490. Sir RICHARD MARTIN.—Do you know whether the certificates of the National Eye and Ear Infirmary are recognised by Trinity College?—I am not aware, sir.

2491. Dr. Story.—I think I am in a position to state that they are.

2492. Sir RICHARD MARTIN.—Because if that is so the requisite number of beds must not be under 30 to qualify an institution to issue certificates, for the National has only 23 beds.

2493. Mr. Hughes.—Might I say a word with regard to the question of amalgamation?

2494. The CHAIRMAN.—Certainly, if you have anything to add to what has been already said on that subject we shall be glad to hear you?—I think it was about the year 1878 that the Committee of the National Eye and Ear Infirmary made overtures to the Board of Governors of St. Mark's with a view to amalgamation. It was forced on them very much by the strong opinion expressed by the Committee of the Dublin Hospital Sunday Fund that an amalgamation should take place. In their report for the year 1878, issued on January 22nd, 1879, the Council of the Dublin Hospital Sunday Fund states that—

"They, while referring to this question [of duplicate institutions], wish to direct attention to the fact that there are two ophthalmic hospitals doing exactly the same class of work, which receive grants from the fund. Although these hospitals have been a long time in existence, yet the Council think that they might be amalgamated with benefit to the institutions, and certainly with advantage to the public."

That is the Hospital Sunday report, and this is the view of the Governors of St. Mark's on that subject.

"The Board of St. Mark's Hospital with it to be known that for some years previously this very question had engaged their serious attention, and that so far back as 18th of July, 1877, a communication was addressed to them on the subject by the Committee of the National Eye and Ear Infirmary, Stephen's-green. The question, however, was not then ripe for discussion, and insuperable difficulties lay in the way of its accomplishment. Recently, however, the deaths of their chairman and surgeon caused the matter to be again brought forward and earnestly discussed. While seriously doubting the advisability of the proposed amalgamation, having regard both to the working of the two institutions and the convenience of the public, the Governors, in deference to the views expressed above, thought it as any risk desirable to find out what their powers in the matter were before resolute themselves to any decided line of action. They therefore submitted a case to eminent counsel (Mr. Jellist, *q.c.*, was the gentleman), asking whether, having regard to the conditions of the Trust Deed under which they hold the hospital, they could effect the object so desired. The opinion of Counsel is given in the following words:—'The Governors may, of course, accept funds transferred to them from any source, but if by amalgamation is meant a taking over the debts, liabilities, and engagements of another institution, or a modification of the trusts under which they hold the hospital, in order to absorb another institution, or to be themselves absorbed in it, they have no power to adopt such a course.' This opinion appears to be conclusive (the Governors say), and although it is not favourable to the views of those with whom the idea of the suggested scheme of amalgamation originated, it undoubtedly proves the sincerity and anxiety of the Governors of St. Mark's Hospital to ascertain whether the accomplishment of the project was at all practicable."

The trust deed, sir, so limited the funds of the hospital, and settled them on five trustees, that these trustees could not be got rid of without going into the Court of Chancery, and obtaining power to alter or reform the trust deed. I think Mr. Jellist expressed further on in his opinion, from which I have only given an extract, that it was exceedingly improbable the Master of the Rolls would authorise any diversion from the trust as specified in the original deed.

2495. Mr. KENNER.—But assuming that these would be no difficulty in allowing amalgamation to take place legally, no matter by what process, is it your opinion that that amalgamation should not take place?—It is, sir.

2496. And that I gather too is the opinion of your Government?—It is, and may I give a reason for that?

2497. Certainly?—As expressed by Dr. Story, I think there is a great deal of good done by healthy competition in the way of hospital management and hospital work, and that where we have two institutions working in the same groove, so to say, they will both try to compete one with the other to excel; and in that way, I think, two institutions are better than one.

2498. Sir RICHARD MARTIN.—I see that you have only one surgeon attached to the hospital. When he is from home who attends to the work?—Practically we have two surgeons—Dr. Story and Dr. Benson. The latter is called the assistant surgeon, but both are fully qualified. Dr. Story, however, holds under the Trust Deed the appointment of surgeon, and is called the surgeon to the hospital. Both are Fellows of the College of Surgeons, and both are eminent in their

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Mr. J. W. Hughes

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Sir James W.  
Mackay, &c.

profession, and they are never both absent at the same time. We also have a resident surgeon—a qualified man—and a clinical assistant—also qualified; so that the hospital is well officered in a medical point of view. One other word I would like to say—it is as to the contrast which has been drawn between the cost of expenditure in St. Mark's and the National Eye and Ear Hospitals when compared with other general hospitals. If you look to our hospital—St. Mark's—for instance, you will find that the item for rent and taxes is very small, whereas, if you take Cork-street Hospital, or the House of Industry Hospital you will find that the same item is very large—in the latter amounting to £400 or £500. That form, of course, a very important item of expenditure, and when assessed over the beds increases the item charged per bed in the one institution as compared with the other.

2549. Mr. ARMISTEAD.—How is your medical staff appointed?—By the Board of Governors, and by election—and after advertisements are duly published.

2550. Sir RICHARD MARTIN.—Do they hold their appointments for life?—They do, sir.

2551. Mr. ARMISTEAD.—What payment do the medical staff receive?—No payment whatever, sir. Their sole emoluments are derived from pupils' fees—except the house surgeon who is paid £30 a year.

2552. The CHAIRMAN.—Your rent comes to £45 12s. per annum?—Yes, and if you contrast that with the House of Industry, for instance, you will find a very large difference, amounting in no small degree for the apparently increased expenditure per bed of the one institution over the other.

2553. Mr. ARMISTEAD.—Can you give us any idea

of what sum your medical staff receives from the pupils in fees?—I cannot, but Dr. Storey can tell you that. As a matter of fact, however, it is the only remuneration they receive from the hospital—the fees from the pupils for teaching them.

2554. Dr. Storey.—If you wish to hear what the pupils' fees amount to, I think I can inform you on that subject. The fee charged is three guineas for a three-months' course, which I divide equally between myself and the assistant surgeon. The number of students we have given you in our return as accurately as we could. I was not able to make it up very accurately for the last year, but the return which we made in reply to your queries gives the number for the past year.

2555. The CHAIRMAN.—Seventy-five I think was the number?—Yes, about seventy-five I should say.

2556. Mr. ARMISTEAD.—Might I ask about how many hours per day the surgeons spend at the hospital?—Well, I suppose about four hours—from nine o'clock till one or half past one.

2557. Daily?—Yes, daily.

2558. And the only emoluments received by the surgeons are those pupils' fees?—Yes, that is all.

2559. That is in round figures about £240 or £250 a year I suppose?—Yes.

2560. Mr. KENNEDY.—But that is not exceptional—in every hospital in Dublin the surgeon and physician receive the pupils' fees?—Quite so. And it is only of late years that the fees have risen to that amount at all.

2561. Mr. ARMISTEAD.—It is important to discover the amount of time the surgeons are at the hospital for so small a remuneration.

Witnesses were next examined on behalf of the Coombe Lying-In Hospital.

Mr Hugh  
Leonard,  
M.R.C.S.

Mr. Hugh Leonard, M.R.C.S., called and examined by the CHAIRMAN.

2512. You are the Registrar of the Coombe Hospital?—Yes, I am.

2513. And you filled up these answers to the queries forwarded by the Commission?—I did.

2514. Did you submit them to your Board?—All save four—I submitted them and they were approved of, two of them dealing with the statistics of the school were afterwards supplied to me by the Master, and the remaining two I was deputed to answer.

2515. You submitted the answers returned to us, all except those which, will you state?—Yes, all save four.

2516. But which four did you not submit?—Fifteen and sixteen, which deal with the statistics of the medical school which were afterwards supplied to me by the Master, and twelve and thirteen which I was deputed to answer, they being the grounds upon which the grant was originally given, and the grounds upon which we claim its continuance. May I be permitted to mention that all the grounds upon which the grant was originally given have increased manifold. Owing to the manifoldness of the Guinness family, the hospital has been rebuilt since it first received the Government grant, and the accommodation more than doubled, having at present sixty-five beds, as compared with thirty-one when the grant was originally made. The average number of patients daily throughout the year ending the 31st of March, 1887 (the year following the grant, when the first report of the Board of Superintendence of Dublin Hospitals was presented to both Houses of Parliament), was given at 11½, and in the last report just issued by them, the 27th report, for the year ending 31st March, 1885, the average number of beds stated to be occupied was 22-58, and this increase is still going on, as the average up to the present exceeds 25—thus enlarging the good work done in the poorest and, perhaps, most densely populated part of our city. Yet it was in a medical educational establishment that the grant was originally given, being "with reference more particularly to the advancement of medical science," and it is gratifying to be able to say that the diploma of the hospital are

to be found all over the world—both in the Army and Navy medical service, as well as in private practice throughout Great Britain, Ireland, and the colonies—and many of them have been the recipients of the highest honours of the medical profession, including that of Physician to the Queen.

2517. You say in your answer to query No. 12 that a portion of the Parliamentary grant was given "with reference more particularly to the advancement of medical science" and also because your hospital "affords extern attendance in lying-in cases" (an arrangement which is found extremely useful in other large communities)—thus affording to medical students a wide field for enabling them to become acquainted with this important branch of their profession?—That is a quotation. I looked up the records, and I extracted that quotation.

2518. But that is no cost to the hospital—"thus affording to the medical students a wide field for enabling them to become acquainted with this important branch of their profession"?—Oh, yes.

2519. How is that?—Though not directly, it is indirectly, as, without the hospital, its beds and establishment, there would be no means of providing for the extern attendance mentioned.

2520. Yes, but even according to that very answer to query 12 a great number of those are extern patients. I find that there were 2,160 treated in the extern maternity department during the twelve months ended the 31st of March last?—Yes, and that is alluded to in the report that was made by Dr. South's Commission, as a vast advantage in medical training.

2521. But still that is no cost to the hospital?—Directly not much—the cost of such medicine as may be required; and that no doubt is very little compared with the work done.

2522. So that you cannot claim a grant upon that ground alone?—But slightly.

2523. Not at all—you have many better reasons than that to urge?—Oh, many.

2524. One might be that women are educated and instructed in your hospital as midwives?—Quite so.

That answer, as to the training of midwives, I adopted from the language of our charter. I have carefully followed the records of the institution in preparing all these answers.

2525. In answer to question 24 you state that 6,382 patients attended at the general dispensary—that is very much larger than the Rotunda Hospital?—Very much, for the dispensary in our establishment is, I think, a speciality. It was founded by the Guinness family.

2526. And you also give 2,160 as the return from the extern maternity department?—Yes; these are not dispensary cases, but midwifery cases specially attended by the master, assistant master, and pupils.

2527. But I mean the extern cases—that return is large also?—Quite so.

2528. Now your gross average cost per bed is £88 3s. 11d., which is the highest of any hospital in Dublin—can you explain why that is so?—Well, allow me. I have seen this table only this morning, and if you look in the column under "total expenditure" you find £1,984 2s. 6d. That includes some excess charges—in the case of salaries of officers and quaters, in the case of gas, five quaters, and in the case of the laundry, thirteen months. Dr. Martin, the Secretary of the Board of Superintendence, upon my furnishing him with these statistics, requested me to give him in the return the actual twelve months' expenses, and not the amount of money actually paid in that twelve months, and I am now looking at the figures in his report presented to Parliament, as I mentioned, in which the cost is given at £80 12s. 8½d.

2529. What is that £80 12s. 8½d.?—The average annual cost per bed—for institutions and for establishment.

2530. But still, with the exception of the Rotunda, that would make the Coombe the highest in Dublin?—The Rotunda and the Coombe are the only two analogous institutions. I think they are exceptional, and are not to be compared with the ordinary general hospitals.

2531. Your average annual cost per bed for management is £18 2s. 7d., and the same time in the case of the Rotunda Hospital is only £5 4s. 4d.—how do you explain that difference?—I have not the written data before me.

2532. But still there is your average annual cost per bed for management £18 2s. 7d., and I give you £5 4s. 4d. as the figure for the Rotunda—yours is the very highest of any hospital in Dublin. How comes it that yours are so high?—One moment please—in the case of the Rotunda the expenditure is divided over fifty beds, say—in the case of the Coombe it is divided over twenty-two beds; and I am in possession of this fact, that in the Rotunda they pay £20 for compounding their medicines. In the Coombe we pay £20 for compounding our medicines, and yet in respect of the same amount for the same work their outlay is, say, 3s. per bed, and ours comes to 18s. per bed.

2533. Tell me that again—how many beds do you say the expenditure is charged over at the Rotunda?—504, or 51 you may say.

2534. And your number is?—Twenty-two, and therefore the expenditure per bed must be brought out larger. That is a common experience.

2535. You have a balance against you, I see at the end of last year, of £1,390 1s. 7d.?—Yes; at the end of the financial year that was the amount of our debt.

2536. But you say that you have put in fifteen months' expenditure into this sheet that you returned to us?—Yes; I supplied the figures to you as I supplied them in the first instance to Dr. Martin, but the return was wanted for Parliamentary purposes and as they desired to have all the hospitals on the same footing, requested me to amend it and give him only the actual expenses for the year and not the money paid in the year.

2537. Mr. KENNEDY.—But why, when you were asked to give the expenditure in one year, did you

give the amount paid for five quarters?—These bills were paid during the year. That is what I wish to impress upon the Commission—although they were not the expense of the year.

2538. The CHAIRMAN.—You have got this balance against you at all events of £1,390 1s. 7d.?—Yes, at the end of the financial year that was the balance against the institution.

2539. Can you tell us what fees students attending the Coombe pay?—Eight guineas for the externs and eighteen guineas for the interns.

2540. And who receives these fees?—The Master.

2541. He gets the whole of them?—The whole of the fees.

2542. Making—how much, do you know, in the year?—That question I am not in a position to answer.

2543. But it is very easy for us to make it up ourselves—how many students have you got—we have the numbers given here to query 15?—I am not capable of answering that question, nor is it capable of being answered by those figures which we have returned; because I cannot give you the number of interns and externs, and their money payments vary.

2544. But as you say about £1,400 a year in fees goes to the Master?—Again I would say that the Master alone can answer that question.

2545. Very well; we will ask him when he comes, but if they pay eight guineas—there must be very nearly that sum going to the Master, and your hospital is £1,390 in debt?—At the end of the financial year it was.

2546. Mr. ANASTASIOU.—How is your Master appointed—by whom, I mean?—By the Board of Guardians and Directors, and by ballot as directed by the Charter, the appointment is for a period of seven years.

2547. With regard to your nursing establishment, what qualification must your nurses possess—have they diplomas, or certificates, or anything of that sort—how are they educated?—There is a teaching establishment for nurses specially in the institution. It is one of the special branches of the medical school—the education of nurses.

2548. Would you describe exactly the system adopted in that school?—Well that is not within my province. When the Master comes up he can do so.

2549. Sir RICHARD MARTIN.—I see ten guineas in your return of income as "net profits from pupils"—what is that?—That is explained in this way—a pupil nurse when coming in as an intern pays eighteen guineas. Eight guineas of that goes to the Master as house, and ten guineas, the difference, comes to the institution, for which sum the nurse is supported during her period of training—that is six months.

2550. Then you had only one intern nurse during that period, because there is only one ten guineas returned here?—Quite so.

2551. I see that you state in your return you have trained ten female nurses during the year?—Those figures were supplied to me by the Master as being connected with the medical school and the remainder must necessarily be the extern nurses.

2552. And what fee does an extern nurse pay?—Six guineas.

2553. Free patients—I see that you received during the year from pay patients £18 10s.—what are they?—Well, we must accept from the patients whatever we can get—frequently £1 a week, but less has often been received—just according to the circumstances of the patients. They are of a very poor class generally speaking.

2554. But the bulk of your patients are free are they not?—They are.

2555. And how do you discriminate between the patients you admit into the hospital and the patients that are treated externally—those that you admit free I mean?—Anyone coming in that condition, requiring the assistance of the institution is admitted free.

2556. If you have room?—Yes, if there be room in the house.

Nov. 16, 1884.

Mr. Hugh  
Lowry,  
M.P.

Nov. 12, 1886.  
 Mr. Hugh  
 Leonard,  
 M.D., &c.

2557. Quite irrespective of whether it is an interesting case or not—Quite irrespective—being in the condition requiring medical attendance is the prospect of admission.

2558. Does your master reside in the house?—No, the assistant-master resides in the house.

2559. And is it the assistant-master that delivers most of the women who are intern patients?—The assistant-master and the resident pupils. The master is there daily and should a critical case arise he is at once communicated with.

2560. Mr. Hyattot.—Is your establishment efficient for a very much larger number of patients?—Well, yes.

2561. Because with reference to the questions that were put by the Chairman, I have the same evidence here that the maintenance of patients costs £427 in the Coombe and in the Rotunda £554, and that would imply practically double the number, whereas the cost of maintenance is not double—in the Coombe it is £1,076 and in the Rotunda £1,886—a much less proportion which would look as if your establishment was less economically conducted. But could you not without increasing the establishment charges maintain a still larger number of patients?—Quite so, and a much larger number could be taken in without increasing the establishment charges.

2562. Could you double the number?—Yes. I have no doubt we could; but across me, the figures fluctuate so that they run up to a high number and diminish to a very low one and you must always have a wide margin to come and go upon.

2563. Still your maintenance of patients is about half what the Rotunda let—Pardon me—the maintenance of each patient, for a like period, is the same as the Rotunda, or in about the same. I find from the Parliamentary report that the difference is only about 4s. per bed per annum.

2564. The question is, the whole charge for maintenance in your return here is £427 and in the Rotunda it is £554, which gives in the net result when turned into beds of about 4s.—a big difference in the two institutions. But your establishment does not bear anything like the same proportion—it is a great deal more than—it is nearly two-thirds!—If the illustration that I gave of the cost of compounding medicine was applied it would more than account for that difference. What costs the Rotunda 8s. per bed costs us 16s.—On the same amount of total outlay for the same service rendered.

2565. That is that you impugn the accuracy of the Rotunda Hospital returns?—Oh, no, I would not dream of doing such a thing.

2566. But you say that you pay the same as the Rotunda, and yet your medicine costs more?—I say that the actual maintenance of the patient in the Rotunda per bed is the same as in the Coombe per bed—there is less than 4s. of a difference.

2567. But you don't catch my point at all as to the establishment—you ought according to these figures, if you are as economically managed as the Rotunda, present a smaller return—your figures should be somewhat about £940!—I was trying to illustrate that by the case I gave you of the compounding of medicine which costs £20 in both institutions, but which represents, say 8s. per bed in one, and 16s. per bed in the other.

2568. But why?—We can't get an Apothecary to attend for less than £20 per annum, and that costs us 16s. per bed, and yet the same £20 per annum costs the Rotunda only 8s. per bed.

2569. Then we come to the management; and that costs the Rotunda only £266, as against £479 in the Coombe?—I am not in a position accurately to compare the items, not having the full figures of both institutions before me. I am perfectly acquainted with our own, but I am not so acquainted with those of the Rotunda.

2570. I know you are not up on the Rotunda

accounts; but that is a very large difference, and you are not doing the work of the Rotunda. How does your establishment expense come to be so much heavier in proportion to the work you do?—It is absolutely necessary to keep up an establishment to do the work that is required, and our establishment could perform nearly double the work for the same expense.

2571. I asked you that a few minutes ago, and you said it would not?—No, pardon me, I think I said that the establishment would nearly work double the number, and I don't like to put it stronger than I find justified in doing.

2572. Here are the figures for you exactly. The salaries of officers amount to £591 in the Rotunda, and in your hospital the salaries of the officers net up to £384!—Well, I gave an explanation as to that—that the return includes five quarters of officers' salaries. I think that is an explanation of that.

2573. Then these returns will have to be all altered, and you must give us a return for twelve months?—If the Commission permit me I shall be most happy to do so, and to present the figures in the best possible and most accurate form. I fear there is some mistake in these figures, but I am not able to explain them now.

2574. But even taking four quarters in place of five, you would be £20 more than the Rotunda, and you are not doing half the work practically?—The only explanation then which I suppose is forced on one is, the indispensable cost of the smaller hospital as compared with the work. I say we would do approaching double, or almost approaching double the work for the same establishment charges.

2575. With reference to the pupils—in the return as numbering 118—do these all pay?—That is a question that the Master alone can answer. He has the financial part of it under his control, although I am the Registrar.

2576. Because there are only 55 returned in the Rotunda, and you have 118?—Yes, that is the number I got from the Master.

2577. Sir RICHARD MARTIN.—You say in the return that there are twenty-two beds on an average occupied?—Yes.

2578. And how many beds have you in the hospital altogether?—Sixty-two; and there are two divisions in the hospital—the Chronic division, and the Lying-in wards. Since the last return was made up, I think we have had as many as a maximum of twenty-one in the chronic wards, while in the lying-in wards the number has dwindled down at one time to as low as five. It fluctuates—you cannot control it.

2579. Are cases other than lying-in treated in the hospital then?—Yes, in the chronic wards there are treated patients afflicted with all the diseases peculiar to women.

2580. THERIAG and so forth?—And all the usual diseases.

2581. You say that you allow patients in when they apply, and when you have vacancies. On the other hand you have only on an average twenty-two beds occupied. Are you able to take in more patients, or do patients not apply—do you send patients away, in other words?—Well not that I am aware of, but the Master will be able to answer that question better than I am.

2582. Mr. ARMSTRONG.—Have you such a thing as printed rules and regulations for the management of your hospital?—We have.

2583. Having all the duties set forth with regard to the nursing, &c., in the establishment?—We have rules and by-laws.

2584. And there would be no difficulty in sending in a couple of copies to the Commission if they require them?—I will send them in with pleasure.

2585. I presume the Master of the hospital is not restricted from general practice in any way?—Oh, no.

Dr. Samuel R. Mason, F.R.C.S., examined by the CHAIRMAN.

Apr. 16, 1899.

Dr. Samuel  
R. Mason.  
F.R.C.S.

2586. You are Master of the Coombe Hospital?—Yes, sir.

2587. And the grounds upon which you claim a continuation of the present grant are, I suppose, that a great many women are instructed in your hospital to act as midwives?—Partly that is so.

2588. What other grounds would you state?—Well beside training women we train male pupils who afterwards turn out practitioners of medicine, and there are given a large amount of relief to an immense number of poor people in that district.

2589. What fees do the students pay when they come in?—The full fee is eight guineas, but under some circumstances less may be taken. They don't pay more than half that at entrance—when they come in first.

2590. Do the assistant masters pay anything for the position?—They have paid—actually.

2591. But do they pay now?—They do—the last appointment was paid for.

2592. Could you tell me how much they pay—the assistant masters as a rule?—Well I have only appointed one myself, and £175 was the amount paid.

2593. How long have you been the master of the hospital?—Since December, 1885.

2594. The fees of the students and the payments for the assistant masterships all go to the master?—Yes, they are all the property of the master.

2595. And the fees of the students as we have made them out would amount to something like £1,500 a year?—Well according to the number of men that enter there the fees should come up to that amount, but practically there is not so much received. Last year I don't think the fees totted up to more than between £600 and £700. I did not receive so much of course, because a large amount of the fees paid in went to my predecessor in office, Dr. Kidd.

2596. Would you be in favour of the continued existence of this hospital, or would you think it would be wise to amalgamate it with any other?—I think there is a lying-in hospital required at this side of the city. There is a very large poor district just immediately about the Coombe and extending out towards Inchicoe, and in the direction of the South Circular-road and Rotherhithe—from all that district the people come down there to the Coombe. If there was no hospital then in that direction they would have to come up to the Rotunda which is a long distance off.

2597. Would it be true to assert that your extern maternity department is one of the largest in Europe?—Well, I don't know much about the foreign hospitals, but it is no doubt a very large department. There are, annually, over 3,000 women attended at their own houses.

2598. Yes; you have returned 2,160 as the figure for the last year?—Yes, and for some years back it has been up to that average.

2599. Mr. ASHERBORO.—Does your nursing system work satisfactorily?—It does.

2600. Can you state what educational course a nurse must go through before she is appointed?—Well, the head nurse has been trained as midwife in the hospital before she got that position, and the nurse who is over what is called the chronic department of the hospital was educated in the hospital—when I say educated, she was taught the ordinary routine duties of a nurse in the hospital.

2601. And do you give any diploma or certificate which would qualify them for employment elsewhere?—We do, to the female pupil nurses that we train—that is midwives' diplomas or certificates.

2602. I understood from the Registrar that they paid fees—eighteen guineas I think he said—for their course?—There are two classes—the intern and the extern midwife pupil nurses. The interns pay eighteen guineas for their course, ten guineas of which goes to the hospital for their support and maintenance during the six months of their residence, and the other eight

guineas are paid for instruction and go to the master. The externs only pay a fee of six guineas for instruction. Of course they are charged for neither board nor lodging.

2603. Do you think a period of six months sufficient to qualify a nurse?—Oh, I think so. A nurse that is willing to work and learn, can well learn her business in six months.

2604. What number of cases would a nurse probably see during that time?—Do you mean as an intern or extern pupil nurse?

2605. As an intern?—An intern pupil nurse who would be there for six months would see, I should suppose, 300 cases if she was willing to get up at night and be present at them. The intern nurses live in the hospital, and they are never forbidden to be in the labour ward when labour is going on; and if she wishes to study there she could see on an average 250 or 300 cases for the probationers' period of six months.

2606. What wages do they get?—The head nurse over the maternity department of the hospital has £20 a year and her board, and two sets of uniform. The nurse over the chronic department of the house has £14 a year, her board and two sets of uniform; and we have two ward nurses who take charge of the labour wards, and they have £9 a year each beside board and lodging.

2607. Under whose control are they—have you a lady superintendent?—Under the charge of the mistress of the hospital.

2608. Sir RICHARD MARTIN.—The extern pupil nurses—how many cases are they supposed to see before they get their certificate?—There is no absolute rule about it, but they attend twice a week for twenty-four hours at each time, and then they see whatever is going on during that period.

2609. Twice a week?—Yes.

2610. For how long?—For six months.

2611. Would they be permitted to attend elsewhere if they so desired?—They are not allowed to come and take part in the delivery of patients, but they are allowed to come and take part in lectures—that is, they attend lectures more frequently than twice a week.

2612. I see that there are only ten female students returned for last year?—Yes.

2613. Is that not a very small number?—Well, it does appear small in proportion to the number of students in Dublin, but I think it is very well up to the average of previous years.

2614. Do the ordinary nurses that are in the hospital go out as midwives afterwards?—After their six months' course of training they do.

2615. But I mean the ordinary nurses?—Do you mean our own ward nurses?

2616. Yes?—Oh, they have no right to practice midwifery whatever.

2617. They get no certificate to enable them to practice as midwives?—No. They may get a discharge from the hospital the same as a discharge that any thorough servant should get.

2618. Would they not have an opportunity of picking up a good deal about the business of midwifery while engaged there as ward nurses?—Well, we have to watch that. Their duties are altogether confined to the wards in which there are no patients being delivered—they are altogether confined to patients for some two hours after they are delivered till they leave the hospital.

2619. And is it only pay nurses that are entitled to be in the wards while the delivery takes place?—That is all—what we call the pupil nurses.

2620. Are you able to accommodate as many women as apply to be admitted?—We are; we have never had to refuse patients at the doors of the hospital. Sometimes there is a little more crush than at other times, but we have never had to refuse patients admission at the hospital doors.

2621. Because I see that the average number of

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 Dr. Samuel  
 R. Munn,  
 Esq. Q. C.

beds occupied is but twenty-two?—Yes, that is between the two hospitals—the lying-in and the chronic.

2623. And that the number of beds in the institution is sixty-five?—Well, that is an account of the labour wards. We try to have a constant rotation, and to have several beds unoccupied for a few days after each patient goes. That arrangement has been found from a sanitary point of view to work well—to have the beds vacant for two or three days after each set of patients.

2623. But you have ample accommodation for the number of persons that apply?—We have had so far.

2624. The fee that the assistant master pays—does that go to the master also?—Yes.

2625. Mr. HERRON.—I asked a question of the Registrar with reference to the management, and I will just put it to you also. Do you think that you could increase your cases largely for the same management expenses—your management charges are very much larger than the Rotunda, and your beds and patients are very much fewer?—I think so. I think we could with our present establishment accommodate sixty patients in the house at a time.

2626. What is the average time that is given patients?—In the labour wards they average a week or ten days.

2627. And then they get out from the hospital afterwards?—Yes, they go out then.

2628. Who attends the deliveries at the patients' own houses?—The pupils. When they come to the hospital and apply for somebody to go to where those patients live, then the pupils in rotation take these cases, and if there is anything about the patient that the pupil does not clearly understand, or which he cannot undertake himself, there are defined rules for their guidance. They have to report it at the hospital, and one of the most experienced seniors, or the Assistant Master himself looks after the case.

2629. That is in case instruments are to be used?—Yes, or hemorrhage, or any serious complication.

2630. And does a midwife go with him?—No, we would not allow them out.

2631. You don't supply clothes—baby clothes?—Yes; charitable ladies sometimes send up a quantity of baby clothes, and they are left in charge of the Matron, who at her own discretion gives them out to the poorest of the patients.

2632. And does the male pupil who is sent out as you describe manage the delivery himself?—Yes; but before that he must have seen some cases in the hospital, and we must be in a position to know that he has sufficient knowledge to take charge of a labour-patient.

2633. The average number of students attending the Coombe for the past three years is returned at 118, while in the case of the Rotunda it is only 53?—One hundred and eighteen pupils.

2634. Yes—the average number of students on the books as receiving instruction during the last three years is 118?—That is the number entered.

2635. Do they all pay fees?—No—there are some exceptional cases in which they do not pay fees. That is a matter in the discretion of the master, to take a pupil free if he wishes.

2636. Mr. KENNEDY.—Have you a return of the mortality in your hospital?—We have.

2637. And we can have a copy of the percentage of deaths, readily?—Oh, yes. It is in the last report of the Board of Superintendence.

2638. Do you yourself consider that these large maternity hospitals are as good as small ones for the treatment of patients?—I think they are just as good for the patients as the large ones.

2639. That is the small ones are just as good as the large ones?—The large ones are just as good as the small ones, in my opinion.

2640. You think so?—I do.

2641. You have read the evidence of Dr. Evory Kennedy and others, who gave a contrary opinion?—Yes, but since that time there have been numerous

changes—since Dr. Kennedy attended in the Rotunda Hospital the antiseptic treatment of patients has come into practice, and that does away with the charge of high mortality.

2642. You have had no outbreak of fever in your hospital?—No, we have never come to the position of even thinking of closing the hospital for a time.

2643. And you do not apprehend any necessity for that?—Oh, no.

2644. So that you are perfectly satisfied with the size of your hospital, and are not afraid of facing the very warm reasons?—Not at all.

2645. How many years do you hold office for?—Seven—that is regulated by the Charter.

2646. And do you think that that is so advantageous to the profession as if you allowed men to be changed every two or three years—don't you think that if a larger number of the members of the profession got a turn—I don't speak as to the fees, but of the experience—that the profession in Ireland as a profession would be benefited by that change?—Well, that is a very hard question to answer all at once. I think you might look at it from different points of view. I would say off-hand that if you take a man from the hospital after one year's service, you would be taking him away just after he had got into the groove of the institution, and was in a position to manage it well. A man must be some time in the hospital before he can become acquainted with the routine of management.

2647. That is not the question I asked—when you were appointed Master for seven years you had to begin the work and gain experience, just as any person else would have to do?—No. I had been Assistant Master previously.

2648. But as Master you had to begin and progress as others would have to begin and progress?—Certainly.

2649. And say at the end of one year, when you have gained all the knowledge of routine necessary, don't you think it would be well that, if the Master were allowed a second year, he should be then compelled to retire so as to admit of other members of the profession succeeding and obtaining the experience which he had had the opportunity and privilege of gaining in the institution?—I don't know as to that. The seven years system has worked very well in the Rotunda, and with us it has worked very well also.

2650. That is not what I ask—I ask you as a professional man, whether you are not of opinion that it would be advisable to limit the period of this appointment to two or three years, so as to increase the number of professional men who would gain the appointment, and with it the experience which we all know it brings?—I think the change at present—every seven years is often enough, considering the number of men in the country who are practising that branch of the profession, I think the seven years change is sufficiently frequent.

2651. Don't you think that there is not an opportunity at present afforded for one out of every ten practising that branch of the profession obtaining that appointment and the experience it brings, are there not at least thirty men practising midwifery in Dublin?—Oh, yes.

2652. And only two hospitals—the Rotunda and your own, which offer these magnificent appointments?—Yes.

2653. And the gentleman appointed to them hold the office for seven years?—Yes.

2654. Consequently those thirty men must be at a great disadvantage in their private practice, contrasted with the gentlemen who have filled the position of Master?—Well, if early in their career they look to obtaining the office of Mastership they should go in as Assistant Master.

2655. But still they could only get in as Master for the seven years?—Yes, but not as assistants.

2656. I am speaking of the Masters. If the Master holds his position in the Rotunda or the

Coombs for seven years, it follows that it is only every second period that a second man can be appointed!—Yes.

2657. Don't you think as an educationalist, that the profession would be better served, and through them the public, if there was a more frequent change in the office of Master—now answer me altogether irrespective of your own position, or anybody else's position!—Putting it that way it would be an advantage.

2658. In point of income, isn't it a magnificent income for a young practitioner?—I don't know what you would call "magnificent."

2659. For a young man beginning his professional career, are not the emoluments of that office of supreme importance to him?—They are.

2660. And is not the experience of even greater importance?—I should say so.

2661. And of course he should get professional advancement from that experience?—I should say so.

2662. And therefore you will agree with me that the more frequently, consistent with the well-being of the house, that these changes could be made the better for the profession and for the public?—Better for the profession undoubtedly.

2663. And the public—I mean the experience would be more diffuse—more widespread among practitioners, and therefore the public would benefit—there would be more good accoucheurs sent out to practice?—I think so.

2664. Sir RICHARD MARTIN.—Let me ask you this question—do you in your experience find that many uneducated nurses are acting as midwives outside?—We come across them very often—unfortunately too often—what we call "handy women."

2665. Is there any penalty for their acting as midwives?—None whatever. Any woman can go out and practise as a midwife, so far as I know the English law.

2666. And do you think that if there were greater facilities, and a less fee charged for women getting a certificate as midwives, a very larger number would apply?—I don't think there would, because the more fee of a woman having a certificate does not at all prove her respectability, or that she is a proper person to attend a case. I think there should be some plan of making each nurse renew her certificate every few years. I have come across some women who undoubtedly were trained some years ago, but who have got into bad habits—taking to drink or something of the kind—and if there were any means of dealing with such cases I think it would be a very great advantage.

2667. But is it advisable when nurses are in the hospital—the ordinary nurse—to exclude them from the labour wards, where they would have an opportunity of learning?—It is just this, that the nurses who pay their fee for instruction object. They think it should be left to themselves altogether. I think if there was a Government registry for nurses, as there is for registering medical practitioners, and if there was a power as the being found that a woman went wrong or misconducted herself to strike her off the register, just as the General Medical Council have the right to do in the case of medical practitioners—that that would have a very good effect.

2668. But that is a very summary rule to adopt?—No doubt, but it is, I think, a very proper rule, all the same.

Mr. John Fox Goodson, M.A., J.P., being present, took himself in evidence as one of the Board of "Guardians and Directors" of the hospital. There is an answer somewhere obvious, I think, to Mr. Kennedy's last question as to the fee of the assistant master being paid to the hospital instead of to the master—you would not get men of position to accept the office of master without offering some inducement to them to do so; and that in part and parcel of the inducements now held out.

2669. And do you think you could get a body of experienced medical gentlemen who would give up their time to investigate cases where midwives have misconducted themselves?—I think the proper way would be to give some proper authority a salary for doing so. You cannot expect work of the kind to be done for nothing.

2670. Mr. KENNEDY.—Dr. Mason, we have heard that the hospital is very largely in debt—£1,399?—Well, that was some time ago. The debt is not quite so much now.

2671. To what extent has it been reduced?—I think to some £400.

2672. Would you see any objection to allow the fee of the assistant master to go to the hospital fund instead of to the master—what claims in equity do you consider the master has to the fee paid by the assistant master?—It is paid to the master for teaching the assistant master his business.

2673. I take it for granted that the assistant master is a qualified practitioner?—He is, but he is not a skilled accoucheur when he goes into the hospital. That fee is paid to the master on the same principle as the pupils' or pupil nurses' fees.

2674. What I want to ask you is this—commence with the assistant master, but you think that if he came in and had to pay this fee of £300 not to the master but to the institution, that it would be a beneficial thing in the interests of the public?—I think it is very doubtful if you would get men to fill the post. In fact at present the post is not always full.

2675. Is that because the fee would go to the hospital and not to the master?—I think that would operate against their paying a fee.

2676. Why—you must have a reason for that?—Well, medical men are not inclined to pay fees to institutions—that is the fact of the matter.

2677. Do you mean to tell me that a man would not be anxious to get into that institution as assistant master?—Yes, but it is another thing whether he would be anxious to pay the fee.

2678. But, in your opinion a medical practitioner who proposed adopting that branch of the profession specially would be anxious to get into the institution as assistant master?—Yes, but it would depend upon what terms he got in.

2679. Suppose the terms were payment of a fee and that the fee was measured at £300, what difference does it make to him whether that be applied to the benefit of the institution or to the master?—If the fee be a condition precedent to his entering the house?—If you put it that way I don't think that it will make any material difference.

2680. You go that length and yet you would resist a change in the direction I have mentioned for future appointments?—I did not say that I would resist the change.

2681. Then you would approve of it?—I would not approve of it off-hand. It is a thing that ought to be thought out before expressing an opinion one way or the other.

2682. I know, but listen to me, I am not asking you to give up any vested rights—but supposing such a change as that was proposed, as a practitioner in that house you would not resist it, your own term of office being allowed to expire?—Well, putting it as you do, I don't see any reason at present why I should resist the change.

2683. Mr. KENNEDY.—Were you in the room when I asked the first question of Dr. Mason?—No, I was not.

2684. I started with the assumption that one year's service in the hospital was sufficient to give a man the required experience, but Dr. Mason did not agree with me; then I asked two years, then three years, and he ruled at the third year as a sufficient term to give a man full information, then if that were sufficient, I want to know why the appointment should

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Dr. Samuel  
R. Mason,  
F.R.C.S.

Mr. John Fox  
Goodson,  
M.A., J.P.

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Mr. John Rod  
Goulden,  
M.B., F.R.C.S.

not be for that limited period so as to provide for a more rapid rotation of masters and assistant masters; thus opening the experience gained in such an institution to a vastly increased number of the profession!—The Guardians and Directors select according to the reputation of the man, and though their choice falls on a young practitioner as the best man, that young man would not accept the office without some inducement. The larger the emoluments on all these things, the better men you get.

2635. But assuming that you have a man of moral probity before you—a man of thoroughly good medical education, and of habits of life and thought that stamp him as a gentleman, willing to take the office for the shorter term and without certain of those inducements!—You will not get as good men. I repeat the better the office—the larger the inducements—the better will be the men you get.

2636. Do you believe that you cannot at all times get men of the class I have indicated practising in Dublin, who have never been masters of the Rotunda Hospital or yours, and who would most gladly accept the office under the changed circumstances, and with the curtailed inducements I suggest?—Oh, you can find candidates for all vacancies, but—

2637. I will require a straight answer to that question—do you as a gentleman of great experience, say you would find it impossible to discover a man who would be eligible for the appointment of master of that hospital in point of medical fitness or moral

probity?—Oh, there are numbers both educationally and morally fit, and who would accept it as it stands—numbers.

2638. And if that be the case, and every one has to begin, why should the appointment not be for three years in place of for seven, opening the appointment and the experience it gives to so very many more of the profession?—Because here is a prize in the profession.

2639. I am not denying that—it is an enormous prize in the profession; and the only thing I am contending for is, that if we can find in the city of Dublin, practitioners who are capable of earning and enjoying that prize for three years it would be a beneficial thing for the community at large, as it would increase the number of practitioners skilled in this branch of the profession; and if that is so why is it that you are anxious to retain it in the hands of one for more than twice that term—for seven years?—I do not mind the number of years of tenure of office so much—three, five, or seven—that is a matter of arrangement; but what I applied my observations to, was your suggestion to withdraw such a large item of emoluments from the master as the fees. If you did that the prize would cease to be a prize.

2640. I would only withdraw the assistant master's who is a qualified practitioner, and who if the master were dead would probably be most fit to take his place. Why should he be asked to pay £300 to the master instead of to the institution?—I do not know.

Mr. KENNEDY.—That is an answer.

Deviser Mason.

2691. Doctor Mason attended at a subsequent sitting and stated—The expenditure on establishment, I understand, Mr. Chairman, was found fault with and was questioned before I arrived here yesterday, and I now desire to state some reasons which I think, to a certain extent, account for our high expenditure. At the Coombe Hospital we have, as I mentioned yesterday, a very large extern department—we have in addition to our dispensary a very large extern maternity department, and the expense of that is included in our general establishment or hospital charges. That spread over the beds must necessarily increase the item to

which reference was made yesterday—“the total average cost per bed.”

2692. Mr. HUTTON.—In fact you do a great deal of extern work the expense of which is put on the beds?—Yes.

2693. Mr. KENNEDY.—We are to have an analysis of that from the registrar?—Yes. But that and the other reasons which the registrar gave to you yesterday, I think, to a great extent account for our expenditure per bed being higher than that of other hospitals.

The Commission adjourned till next day at half-past 12 o'clock.

## TUESDAY, 17TH NOVEMBER, 1885.

The Commission met at half-past twelve o'clock in the Council Chamber, Dublin Castle.

Present:—Sir ROWLAND BLINCHERHAUGH, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. RICHARD OWEN ARMISTEAD, J.P., and Mr. J. P. O'REILLY, J.P.

The Secretary (Dr. THOMAS NILES) was in attendance.

The minutes of the previous sitting having been read and confirmed, witnesses were examined on behalf of the City of Dublin Hospital.

Mr. William  
C. Hastings

Mr. William C. Hastings called and examined by the CHAIRMAN.

2694. You are the Registrar of the City of Dublin Hospital?—I am, Sir Rowland.

2695. And you filled up the answers to the queries sent out by this Commission?—I did.

2696. Did you submit them to your Board?—I did.

2697. So that we may take those as the official answers to our queries?—They are the official answers of my Board.

Mr. H. Gray  
Only, F.R.C.S.

Mr. H. Gray Only, F.R.C.S., examined by the CHAIRMAN.

2700. You are one of the Surgeons of this hospital, Mr. Gray?—I am, the Senior Surgeon, sir.

2701. And your hospital is administered by a Board of Directors?—Yes.

2702. Who elects them?—The board elect themselves—the members of the board.

2701. Just explain that—when a vacancy occurs how is it filled up?—Names are submitted to the board and from those the board select and elect.

2702. By ballot or how?—They are elected by open voting.



2703. Do gentlemen pay any money before joining the board?—Not necessarily—I believe I am correct in saying so. A man may be elected a member of the board of Governors without paying, but most of them pay afterwards. Our object is to get the best men on the board more than to get money from them.

2704. In some of the hospitals you know there is a rule that a gentleman before he is eligible for the position of a governor has to contribute so much towards the funds of the institution?—Yes, but I think I am correct in saying that that rule does not apply in the case of the City of Dublin Hospital.

2705. Are you satisfied with the nursing arrangements of the hospital?—The nursing is very perfect now.

2706. As a general question might I ask you whether in your opinion a large number of small hospitals or a few large ones is most for the advantage of the public and of teaching?—I think that our hospital is doing so much good, and has done so much good since its foundation, that it would be an enormous disadvantage to the public if it ceased to exist. It is in a most excellent position, and would be greatly missed in the neighbourhood—it receives cases from Blackrock, along the coast line and up to Dundrum. It occupies the position in Dublin that St. George's does in London. It is the only hospital really in that neighbourhood.

2707. Mr. ARMSTRONG.—How are the members of your medical staff elected, Doctor?—At present they are elected by the whole board—that is by the lay and medical board combined. Names are submitted by the medical board.

2708. The members of the medical board have a voice then in the appointments?—We are all members of the board of directors. When a man is elected on the medical staff he becomes a member of the board of directors.

2709. What fees are paid by students?—I forget the exact sum, but it is the same in all the hospitals.

2710. And to whom do the pupils' fees go in your hospital?—To the medical men, for teaching the pupils.

2711. You get no portion of the Government grant?—No, we never get any Government money.

2712. In relation to your system of nursing, what training do your nurses undergo?—Well they are trained in the hospital, and there is a training institution in connection with the hospital.

2713. In connection with your own hospital?—Yes, there is a lady superintendent now and the nurses are very well trained and taught in the hospital. They come in as probationers and learn their work, and I trust say that they do it well. The nursing is admirably done, I don't think it could be better.

2714. Do you happen to know the scale of payments to nurses?—I do not.

2715. Mr. O'REILLY.—Have you two classes of nurses—one for day and one for night?—We have—oh, yes.

2716. And the night nurses are not so competent as the day nurses?—They are. I did not comprehend your previous question. The one corps of nurses take the night and day duty by rotation. I am not one of those who think that any sort of a nurse will do for night duty. In my opinion a most skilled and trustworthy nurse should be in charge at night, but in the City of Dublin Hospital the entire nursing staff take it by turn.

2717. I thought you might have two distinct classes?—No.

2718. Mr. KENNEDY.—I see that your gross average annual cost per bed is £60 11s. 6d.—have you any observations to make as to that?—I really have none. Our object is, on the one hand, not to be extravagant, and, on the other hand, to take the highest care we can of our patients—make them comfortable, feed them well, and make them happy while with us. It is false economy to maintain patients on poor diet, because you keep them longer in the house and prevent

others coming in. We do not treat them luxuriously, but we feed them well and send them out of the hospital as soon as possible; and if a man is generously fed, of course he will be the sooner able to go out.

2719. Are they all free patients, or do some pay?—We have some patients that do pay. I myself, and all my colleagues, have occasionally patients who do pay something.

2720. But, as a rule, do they pay?—No, that is not the rule; but patients who can afford to do so pay 10s. or £1 a week while in the hospital, and we receive it.

2721. That is not the rule, however?—No; it is quite voluntary on the part of the patient. A patient is judged by his appearance, and is asked if he can pay; if he can we accept it; if not he is treated without payment.

2722. Could we have a return of the sums so paid?—Yes; the Registrar could give that, I apprehend.

2723. The reason I ask is that I observe the average annual cost per bed for maintenance of patients is £28 5s. 9d., and then it runs up to £60 11s. 6d., the total average cost per bed; and in some other hospitals the cost for maintenance is given at very considerably under the £28 5s. 9d. Now, do you think that if you had a large public grant it would be judicious to bring the expenditure per bed down, and rather increase the number of patients, than maintain them, as you say, in a better condition than in the other hospitals?—I don't think if we get a Government grant we would wish to treat our patients any worse because of that, and we could not hope to treat them any better.

2724. But put it this way—do you think the Government would be justified in giving you a grant if they find that patients can be maintained quite as well, probably, and at a much less cost, in another hospital—for instance, in the Mater the average cost for maintenance is £16 2s. 7d.; in the Meath, £18 3s.; and in the House of Industry Hospital, £16 6s. 7d.—I can only repeat that we try to treat our patients as well as we can—give them nourishing diet, and make them as comfortable as possible without being luxurious.

2725. But you don't see your way to reducing that item of £60 11s. 6d.?—I would not like to answer that myself.

2726. Are you not a member of the Board of Management?—Yes, but I would not like to answer for the rest of the Board.

2727. I find that your attendance at the Board are very high, probably as high as any other of the governors?—I attend all the meetings I possibly can.

2728. And what better information can we get from any other member of the board, than we should hope to obtain from you that have attended no fewer than thirty-three of its meetings during the past year?—For myself, I would like to get a share of the Government money and appropriate it as best we could for the good of the patients—not to be necessarily bound down to admit more people, and not to treat them well.

2729. I did not say "not to treat them well;" but suppose now that you got a scale of dietary from another hospital, and the number of the staff and so forth, and made a calculation which would result in your being able to carry out more reforms in the City of Dublin Hospital, and to reduce the expenditure without affecting the treatment or proper maintenance of patients, would you not consider it your duty to benefit by the experience of those other institutions?—I would undertake to do my best to do that.

2730. If you found another institution where the treatment of patients is as good as in yours, and where the expenditure is much less, would you hold on to your present system which runs up this total charge to the figure I have mentioned?—I am quite prepared to benefit by experience wherever that experience is obtained, but I would be very much worse to putting our patients on any miserably diet with a view to an economy, which I would consider to be a very false economy.

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2731. But do you see in the administration of the house a means by which you could bring about this reform, and besides by the experience of other institutions as you say you are prepared to do so?—Well, we have been making efforts to do so. We have avoided

all extravagance, and I think we are going in the direction of economy.

2732. You are going in that direction now?—Yes, we are, in my opinion.

Mr. William  
Inland  
Whelan,  
R.N.S.D.

Mr. William Inland Whelan, F.R.C.S., examined by the CHAIRMAN.

2733. You are Secretary to the Medical Board of the City of Dublin Hospital, I understand?—I am Secretary to the Board, and Surgeon to the Hospital.

2734. How are your nurses appointed to the hospital?—The staff nurses are appointed by the recommendation of the Lady Superintendent, and then the board confirms her recommendation, if they think proper to do so.

2735. Your nurses have got first-class certificates?—They have.

2736. From training schools elsewhere?—They have. We have nurses with certificates from Liverpool, Manchester, from London, and from Cromwell—all from all the highest schools for training.

2737. Could you give any explanation, Doctor, of this high cost?—The average annual cost per bed which is £20 11s. 6d.—as contrasted with some of the other hospitals it is rather high?—I think that the £20 includes also furniture and buildings, and we have had some outlay on furniture and buildings—considerable outlay on furniture and buildings; and I think we could account for it in that manner.

2738. But your average annual cost per bed for maintenance of establishment is also somewhat high?—It is £22 19s. 8d.?—Yes.

2739. That is somewhat high as compared with other hospitals?—If you look down that column (of expenditure return) you will see that it is not?—Yes, I observe that it is high as compared with some of the other hospitals.

2740. And could you give any explanation of why it should be more in your hospital than, for instance, in St. Vincent's, where the figure is £12 8s. 6d.?—Well, I cannot explain that.

2741. Mr. ANASTASIOU.—Have you considered the subject of the consolidation of the Dublin Hospitals?—Yes, I have thought over it since the Commission sat.

2742. And you are in favour of it?—I am.

2743. Don't you think that physical difficulties exist, having regard to the great number of existing hospitals—what would you do now with such an institution, for instance as the Mater or Jervis-street Hospital?—The Mater, the Mater Hospital and Jervis-street, and the Adelaide Hospital I think should stand alone. They are under special conditions, and I don't think you could have an amalgamation of the Mater Hospital with any other Hospital, or of Jervis-street with any other Hospital, or of the Adelaide with any other Hospital.

2744. Can you suggest the consolidation of any of the existing Hospitals?—Yes, I would say the City of Dublin Hospital and Sir Patrick Dun's—that is in the abstract—details are another matter, and there could be a consolidation if it be necessary, of the Richmond and Stevens.

2745. You heard Surgeon O'Grady's evidence, I presume you can endorse it?—Well, I did not hear all his evidence.

2746. He mentioned that there is a training school for nurses attached to your institution?—There is.

2747. Will you just explain how that is managed?—It was considered by the Board of the City of Dublin Hospital to have some better system of training for nurses, and it was then proposed to have regularly trained nurses and a Lady Superintendent. With that view some of the members of the Board and some gentlemen who are not members of the Board started an institution—a private nursing institution in connexion with the hospital, and put their money into it. It is entirely separate from the hospital, but

is, that way the institution was started. The Lady Superintendent is recommended by the Committee of the nursing institution and then is appointed if sanctioned by the Board of the Hospital. The Lady Superintendent recommends trained nurses—that is staff certificated nurses for the Hospital, and if the Board approve of those nurses they are appointed. There is an arrangement between the hospital and the institution, that probationers may be trained—that is to say, that probationers may be trained in the hospital to become nurses for the general public afterwards or to succeed to any vacancy there may be on the regular staff of the Hospital, if they are found efficient and are recommended by the Lady Superintendent. As I stated, at present we have nurses from the best training schools in England, and our staff nurses are all certificated—I beg pardon, there is one not certificated, but she has been in the hospital for twenty years and she has charge of the children's ward only. I wish to add that the nursing institution pays the Lady Superintendent her salary—the hospital has nothing to do with it. The hospital supplies her only with room, light, fuel, and food.

2748. And whose immediate control is she under?—I mean the Lady Superintendent?—She is under the control of the Board.

2749. That is the Board of the Hospital?—Yes, the Board of Directors of the Hospital.

2750. With regard to the election of your medical staff, I understood from Surgeon O'Grady that they were appointed by the Board of Directors at large?—Yes, the way that is done is this—when a vacancy occurs the Medical Board is obliged to send up three names, and from those three names the General Board elect one.

2751. Would you be in favour of the selection of the medical staff being left to the medical members of the Board, to the exclusion, I mean, of the lay members?—No; I think our mode of procedure is very good. We find that it works very well.

2752. That is that all the members of the board should have a voice in the selection of the medical men?—Yes; I think it is advantageous.

2753. Mr. O'NEILL.—How are the directors appointed?—The directors of the hospital?

2754. Yes?—When a vacancy occurs names are put forward to the board and the directors present make a selection and elect accordingly.

2755. Who puts forward the names of the gentlemen from which that selection is made?—Some member of the board usually.

2756. Then it is in the hands of the board to appoint?—It is.

2757. Mr. RICHARD MARTIN.—I see you receive infectious diseases. How are they placed in your hospital—in separate wards, I suppose?—There is a fever wing at the back of the hospital. I don't think that the public at large are aware of the extent of our institution, or of the existence of that wing for the reception of infectious cases. It is built at the back of the hospital and abuts upon it; but is to all intents and purposes a separate institution. It is called the Drummond wing.

2758. And it is completely isolated you say from the main building?—It is.

2759. Is there a lobby connecting it with the main building?—No, you have to pass through a yard underneath a kind of open but covered corridor, through which there is a free current of fresh air, before you get from the main building to the Drummond wing.

2740. Can you give us any information as regards the number of certificated nurses that are trained in the hospital in the year?—The institution that I have told you of, you must remember was only started within the last three years, so that we have only been training our nurses for that time.

2761. Could you give us any idea of the number that was trained last year for instance?—I could give you an idea, but not the exact number. I will be very close to it. In 1864 I would say 16 or 17. We could have trained more you know, but the institution is in its infancy. We will train more this year I am certain.

2762. Do you charge a fee?—No, we do not—on the contrary we pay our probationers. We pay them £10 a year for the first year and feed them, and a little more the next year, and a little more the third year, and then they are required to serve the institution for two years. They are expected to pay for their training by a two years service after the training has been completed.

2763. Mr. KERRICK.—When you speak now of being expected to serve the institution for two years, do you mean at the salary they enjoyed immediately previous to the expiration of their period of training?—No; their salary increases every year while they are probationers, and again when they become trained nurses.

2764. It is just like the training school for National school purposes—teachers are trained there and are expected to give their services after receiving training at the school?—Yes.

2765. Now when you speak of the institution which is independent of the hospital, may I ask is that the Holles-street Training School for Nurses?—Oh, no.

2766. Where is it then?—It is right opposite the hospital in Beggar's-bush. We—for I am one of the directors—look that house over. It has nothing whatever to do with the Holles-street institution, directly or indirectly.

2767. I caught the name of an English training institution from which you receive nurses, which is, I think, somewhat familiar to my ears—Crossell?—Yes, Crossell.

2768. How long is that established do you know?—I cannot tell you. But it is a good while established now.

2769. It is. You said you would approve of the amalgamation of the City of Dublin Hospital with Sir Patrick Dun's?—I said that would be a feasible arrangement, probably.

2770. And of the House of Industry Hospitals with St. James's?—Yes.

2771. May I ask what do you mean by amalgamation?—Is it an amalgamation of the staffs and of the directors?—Well, I was speaking more of the staffs in these hospitals than of the directors.

2772. I would be most anxious to have your opinion on this. It is a very important question, and one which we shall have to solve?—Well, I have only thought over the matter casually, and so far as the staffs are concerned it struck me it would be feasible to amalgamate, and that Sir Patrick Dun's would be the most natural hospital to amalgamate with the City of Dublin. There could be an interchange of work between the two staffs, I thought. The City of Dublin Hospital staff going down to Sir Patrick Dun's, and Sir Patrick Dun's staff coming up to the City of Dublin Hospital. That was one way that suggested itself to me. Then I thought of another way which was, to select one hospital only to work that district, increasing it, and appointing the two staffs to either it.

2773. And would you close one of the hospitals then?—Yes, and make the other large enough to do the work of both.

2774. And I take it for granted that it is Sir Patrick Dun's you would enlarge, owing to the space there is about it?—I would like to consider that question more maturely before answering it.

2775. Could you give no opinion upon that—surely you would not close Sir Patrick Dun's and keep the City of Dublin Hospital open, where you have so small an area of ground to work upon?—Well, we have more space than you think.

2776. I know the locality very well, and the hospital too?—We have houses at each side that could be taken in.

2777. I know that?—Yes; I think Sir Patrick Dun's would be better. There is no doubt more space immediately available there.

2778. That is your opinion?—Yes.

2779. Well, now having answered me that, may I ask you have you consulted with any member of the staff of Sir Patrick Dun's, or have you any reasonable hope that the staff would work harmoniously and unitedly together if the amalgamation you speak of were carried out?—I have not, because it is a matter I have merely considered myself, and not consulted any one upon.

2780. You have considered the difficulties that exist—the fact, for instance, that Sir Patrick Dun's has a large private endowment, and that it is practically the school of Trinity College?—Yes, I know all that, but I have not gone into the matter thoroughly. I have only thought of it since this Commission sat.

2781. It has been very much spoken of, this matter of amalgamation, but we cannot get anyone to give the opinion which they themselves have formulated, and how are we to do unless we have the benefit of the experience of those who are connected with the institutions themselves?—I can only speak in the abstract, the details of the matter I have not considered.

2782. Do you think that before the Commission closes its sitting, if a series of questions were asked by the Commission of the respective staffs of these hospitals, that we would be able to receive from them replies that would be a clear opinion as to their unanimous views and give us some data upon which to work?—I think it would be difficult to obtain unanimity on such a matter.

2783. How are we to get at that information then, if you cannot assist us?—I did not say that we could not give it, but you asked would we all be unanimous.

2784. I mean do you think that you will be able to put on record any proposal that you could submit to us with a view to providing some ground-work for the carrying out of this suggested amalgamation?—I think it would be quite possible—that is so far as the staffs are concerned, but I don't know what the Directors or Boards of management might think of the matter.

2785. But the Boards of both these hospitals are small bodies as far as I can see, you have only twenty directors in the City of Dublin Hospital?—Twenty-one I think.

2786. And they are all men who practically pull with you, because there is a remarkable unanimity—though you segregated the Mater and Jervis-street Hospital, your hospital too is managed by a Board who are very much of the one way of thinking?—I don't know that.

2787. There is only one exception, so that I do not apprehend there could be much difficulty in your discussing that point amongst yourselves, and arriving at some conclusion, because, really we are quite in the dark as to what is meant by amalgamation, and to whom are we to look for information on the subject if not to the Board of Directors or Governors, and the staffs of the institutions themselves?—It will give me great pleasure if I can be of any use to the Commission, and if queries such as you suggest are placed before me, I will give them most careful consideration. And I have no doubt the Board of the City of Dublin Hospital will do the same.

2788. Mr. AMERSON.—May I ask you this question—on looking over the list of Directors I see that you have got a mixed Board?—Yes.

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Mr. William  
Inland  
Witness,  
P.B. & S.

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Mr. William  
Selwyn  
Whelan,  
F.R.C.S.

2782. You have got Protestants and Catholics on the Board?—Yes.

2790. And looking over the list of doctors—I have the pleasure of knowing nearly all of them, I find they are of the one persuasion?—Yes.

2791. All Protestants?—Yes.

2792. Can you consent for that in any way?—Well, I have never known a Catholic doctor to go up for the hospital—to become a candidate for an appointment there. There is no reason why they should not, because our residents and a large number of our patients are Catholics.

2793. Am I right in assuming that your hospital is positively non-sectarian?—Thoroughly non-sectarian, and our nursing establishment is non-sectarian. I expected to have been asked that question and I am in a position to state that in our nursing institution there is, if you take the nurses of the hospital and the institution together, and if you take Catholics, Presbyterians, and Quakers together—they more than outnumber the Protestants.

2794. Mr. KENNEDY.—You are also aware that there is a considerably increased number of Catholic patients?—Yes, there are.

2795. And it is only of the nurses and resident people you speak of as being sound Catholics?—Yes.

2796. But you do not state that there are Catholics on your staff?—No.

2797. And you say that is because Catholics have not applied—now may I ask you as a gentleman do you think it would be a prudent thing for a Roman Catholic to apply for an appointment on the staff of your hospital and to be rejected?—I don't think he would be rejected, if he was the best man up—that is my opinion.

2798. The words "best man" we have heard over and over again—may I ask you have you ever known a Roman Catholic practicing as a surgeon in Dublin, whom you believe honestly would be a fit man to discharge the duties of surgeon in your hospital?—I do indeed.

2799. And do you not think that there would be a nervousness on his part in going forward to a constituency of that kind—a constituency that is one-sided—that he would be rejected?—I admit that; but there is nothing to prevent Catholics being on the Board too.

2800. I know that quite well, and I know that your treatment of Catholic patients is most admirable—I believe the Catholics have got every confidence in the hospital, because the Parish Priest of the district himself has sent patients to me.

Mr. Jonathan  
Hogg.

Mr. Jonathan Hogg examined by the CHAIRMAN.

2801. You are one of the Governors of the hospital?—I am.

2802. Have you considered the question of amalgamation or consolidation of the Dublin Hospitals at all?—I have since the Commission set given it some consideration, but I differ somewhat from Surgeon Whelan as regards his views concerning amalgamation. My belief is that it would be impossible to amalgamate the staffs of Sir Patrick Dun's and the City of Dublin Hospitals. I speak of these two because naturally they are two institutions that would occur to me to amalgamate, and what suggested itself to me was that amalgamation might be carried out in this way—to carry on one as a surgical and the other as a medical hospital—the two being under one general Board.

2803. Would you be in favour of the creation of a new hospital in the city?—Certainly not. I think we are over-hospitalled as it is. None of the existing hospitals are at present able to keep up the number of beds which they have.

2804. But if a new hospital was built some of the present hospitals would cease to exist, so that that difficulty would be got over?—Well, I think we have too many beds as it is at present. I think there is no city that has anything like the number of hospital beds as Dublin—for its size.

2805. Did you read the evidence that was given here by Surgeon Hamilton?—I did not.

2806. Because he proposed the erection of a great general hospital somewhere in the neighbourhood of Christ Church-place?—Yes. I saw that proposition; I forgot that it was made by Surgeon Hamilton.

2807. Would you support that proposition—and of course certain of the existing hospitals would be closed and merged, so to speak, in the new one?—I think not. I think it would be a mistake when we have the existing institutions to build another.

2808. When Directors are elected on your board they pay nothing to the hospital I understand?—Not necessarily. There is no rule requiring that, but it is generally expected that a director will qualify as a life Governor by a payment of twenty guineas on his election. The board seek to elect men who are already life Governors; but their endeavour is to get working men—men who will really take an interest in the hospital, and I think from the attendance of the members of our board you will see that we have succeeded very well in that endeavour. The return of attendances is hardly accurate, because by Mr.

Joseph Casson is put down as attending only three meetings, but he was present at the Finance Committee every week, and he audits our accounts, and really does good work for the institution, although he is unable, owing to failing health, to attend the board meetings in the meetings. It is only due to him that I should say so much.

2809. Could you give any explanation of the financial question which I asked the last witness? That is with regard to the general expenses—the gross average annual cost per bed being £60 11s. 6d.?

2810. Yes!—Well, we do an enormous amount of surgical work—I think twice as much surgical work for our size as any other hospital in Dublin, and it is necessarily a much more expensive work. The surgical appliances and general work to be done in connection with severe operations is much more expensive, and I think that runs up our expenditure under the head of maintenance of patients. Then the nursing—you asked with reference to the charge in St. Vincent's Hospital?—

2811. I only gave that as an example—I might have mentioned other hospitals!—Well, the nursing in St. Vincent's being under the Sisters is free, and therefore should keep down the expenditure there. Our nurses have to be paid.

2812. Yes; but apart from that, your answer is quite sufficient. Now have you considered the question of grants from the Government at all—would it be for the advantage of the public in your opinion that the grants given to the Dublin hospitals should now be capitalised and redistributed?—I would prefer not seeing them capitalised, because if they were capitalised and a bulk sum handed over the money would be spent.

2813. You would prefer the present system that?—I should prefer a re-arrangement of the present system of annual grants.

2814. What do you mean by a re-arrangement?—Well for instance we are doing work—much larger work than other hospitals that are receiving grants, and I would say that the grants should be in correspondence to the work done.

2815. But would that not vary every year?—It would perhaps be inconvenient to make it vary every year, but the grants might be given for a term of years to be reconsidered at the expiration of the term. I think that would be the safest way of dealing with the question.

2816. Sir RICHARD MARTIN.—The payment of

twenty guineas makes a man a life governor?—It does.

2817. Is there any privilege attached to that?—A governor has the right of sending patients for admission, and during the year in which he pays his twenty guineas, he can keep a bed occupied for the entire twelve months if he so wishes.

2818. Would you consider it advisable to give the governors some right as regards the appointment of the managing committee?—Well as to that there is a good deal to be said on both sides. I think in our own case that there is no necessity for it, while in many other cases it might be highly desirable. But we have succeeded in getting such very good governors and I think we have done better than if we had left the construction of the board to the majority of our life governors. Undoubtedly it is desirable to give a man who pays his twenty guineas some interest for his money, and if we don't give him that we really give him nothing—I see the point which you have raised, but in the City of Dublin Hospital the old system has worked well and no objection has been taken to it so far as I know.

2819. Do you think in the appointment of the medical staff that the system of limiting the power of the Governors to the three names that are sent up by the medical board is in the interest of the hospital, or would it be better to let the Governors have the right of selecting any person irrespective of the recommendation of the medical board?—Well in order to go into that we must look to the past history of the hospital. It was founded in 1832 by five doctors who put their own money into it and started, and it remained managed by them till 1875 when a new trust deed was executed—the deed under which we now exist—and by that it was arranged that the medical staff should give up their sole right of electing the staff on the terms that they should select three names on the occasion of a vacancy and leave the Board to elect one of the three to fill that vacancy.

2820. Mr. HERRICK.—You have just answered the question I was going to ask, namely whether up to not very long ago this was not a proprietary institution?—It had been.

2821. About those nurses—how do you keep them—was there a separate institution independent of the hospital?—No; the hospital allows the institution of which mention has been made to train their probationers in the hospital.

2822. And thus you have the advantage of Miss Benceford's services without payment?—Yes, the arrangement was that we should have the services of a lady superintendent paid for by the institution.

2823. Your management charges look rather high 29 6s. per bed?—I think that compares favourably with other hospitals. If you look at your own return you will find that in Jarvis-street for instance the management charge per bed is £11 18s. 6d.; and in St. Vincent's, £11 9s. 6d.

2824. Yes; but in the case of Sir Patrick Den's it is only £5 11s. 3d.; and in the case of the Rotunda, £5 4s. 4d., and in the case of the Month, £5 4s. 11d. It was only that it seemed a high average, seeing that your hospital has such services as we have refused to without payment?—We pay our nurses very high—£25 a year, which is high, no doubt. But we were anxious to get the very best nursing system that we could, and we have always been under the impression that nurses were not paid high enough.

2825. Have you a night superintendent?—Our staff nurses who are so very well paid take alternately day and night duty. I quite concur in the opinion which has been expressed here by other witnesses, that inefficient nurses should not be put on at night.

2826. Mr. KENNEDY.—I understood you to say, Mr. Hogg, that you did not agree in the suggestion to capitalise this grant. May I ask is that because you think the number of years purchase would be cut down to such a minimum number that the city would lose by the transaction?—Yes, and also from my belief

that the money if so given would be spent on buildings and so forth.

2827. But assume that the money so given would be put into a trust by which it could not be expended upon buildings, and that you got 35 years purchase of the grant, would you rather see that money placed in the hands of somebody that would distribute it from year to year, or would you prefer the continuance of the present system?—Well, as representing an hospital that does not get anything, and for which he would hope to receive something in the future, I would rather have the money in the hands of a committee.

2828. Suppose the committee were entrusted with the capitalised sum—that is say with 35 years purchase on this £16,000—and authorised merely to distribute it as you say amongst the hospitals according to the work done, do you think that would be an advantage to the city?—Certainly; I should like to see it capitalised under those circumstances.

2829. Then?—Yes.

2830. Then we are agreed. Now, into whose hands would you like to see that fund put when capitalised?—That is a matter to which I have not given much consideration.

2831. But it is an important thing to consider—when a man expresses the idea that he would like to see the present grant capitalised, the next thing is to ascertain who he should wish to see entrusted with the future management of the money so obtained—into whose hands he would wish to have it placed—as there may such body existing in the city of Dublin in your opinion?—I am not aware of any such body.

2832. And do you from your own consideration of the question feel at liberty to make any suggestion as to where such a body of trustees should be called into existence from?—I think an elective body from all the hospitals might be best.

2833. And not elected or nominated by any individual in the State, no matter how high in office?—That would be my feeling.

2834. Assume that the hospitals had a power of electing representatives to act on such a Board of Trustees, would you have any objection to another body of citizens having power to cast in their vote as tax payers if they consented to pay in some proportion—take for example the sanitary authority of the city of Dublin, and the urban sanitary authorities, and suppose they gave so much a year towards the fund, as the corporation does now to most of the hospitals, would you object to such elective bodies having a voice in the redistribution of this money, or would you confine it solely to the nominees of the hospitals, bearing in mind how their present Boards of Governors are constituted?—I would confine it exclusively to the hospitals.

2835. And if you did so, would you provide any remedy for the anomaly that exists in Dublin, in the fact that nearly all these Boards are comprised of non-Catholics?—I have no means of knowing what the number of Catholic governors of the Dublin hospitals is. I don't think there is any list of governors published for any of the Catholic hospitals.

2836. No; but do you know the number of Catholic governors there are on the Boards of the other general hospitals?—I know that there are very few on some of the Boards, but then you have the compensating fact that in the Catholic hospitals the governors are almost all Catholics.

2837. That is only so as regards Jarvis-street Hospital?—I was not aware of that. I thought they all had large Boards of Governors.

2838. No; St. Vincent's has a government of its own, but not lay governors with power to vote—do you see yourself now, or can you suggest any mode of getting rid of this difficulty of entrusting the future distribution of the interest on the capitalised fund to the nominees of the present hospital Boards who are, as you admit, almost exclusively Protestants?—Well, in the case of the hospitals to which you refer—the several Catholic hospitals having no lay governors, I

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Mr. Jonathan  
Hogg.

don't see why the members of the medical staff might not be the body to elect a representative on the Board of Trustees. I quite concur with you that the Board of Trustees should be thoroughly representative.

2839. You may take it for granted that there is no professional or secular government in the Mater Misericordie or St. Vincent's Hospital that could have such a voting power as you suggest?—But still they have a governing body capable of electing medical officers for instance.

2840. Yes, a governing body of religious ladies?—Yes; these ladies elect to the medical staff, and they could surely elect too, a representative to such a Board as we speak of.

2841. They would hardly go forward and take part in the turmoil of an election. We must omit them from consideration; and the question is how you would give these hospitals proper representation on the Board of Trustees which you suggest, and how you would prevent a repetition of the present anomaly of confining the disbursement of this Government money to a body practically exclusively non-Catholic?—Well, I repeat that in my opinion the Board of Trustees should be thoroughly representative, but I would prefer that each hospital should name its own representative.

2842. But don't you see that that would be keeping the government of the hospitals pretty much as it is, and you take the public money without giving the public any guarantee further than they have at present?—Yes, but I think each hospital should elect its own representative as a trustee of the new fund.

2843. That would be making ourselves the trustees of the fund—that is to say, this capitalised fund would be placed in the hands of the trustees named by ourselves to be distributed year by year, so much to this hospital and so much for that according to the work to be done?—Yes, and each hospital would look after that.

2844. But if you are going to get public money and going to put it in the hands of a certain committee which you say would be an elective committee, I ask do you see any means of enlarging the electorate to whom you would entrust its appointment?—I do not, at the moment.

2845. Do you think you would be able to assist the Commissioners with your views on that question at a later stage of our sittings?—I should be very glad to think over the matter.

2846. Mr. ARMSTRONG.—Are you aware, Mr. Hogg, of the Board of Superintendence of the Dublin Hospitals?—I am, but I don't know how they are elected.

2847. Mr. KENNEDY.—They are elected under Act of Parliament by the Lord Lieutenant?—I thought so.

2848. Mr. ARMSTRONG.—Well, you have a body of twelve gentlemen of position in existence—is it not very well worthy of consideration in your opinion, whether that body would not be a suitable body to which to entrust the duties that Mr. Kennedy has just been discussing with you?—It is decidedly worthy of consideration.

2849. Mr. KENNEDY.—Then, Mr. Hogg, you waive the opinion you expressed in favour of an elective body—I asked you distinctly whether you would wish

to see the trusteeship created out of an electorate or a body appointed by the State, and you replied that you were wholly in favour of an elective body; but now you fall back on the Board of Superintendence, a body which consists of men brought together by the mere will of one individual in the State making choice in his office?—I am more in favour of an elective body, but I think the other well worth considering—as Mr. Armstrong said—since that body exists. That is the only reason.

2850. Surgeon CROLY.—With your permission, Mr. Chairman, I wish to explain the evidence I gave about amalgamation. I thought the question I was asked was, whether the City of Dublin Hospital for instance, as a surgical hospital, ought to be abolished and a larger one built; I never entertained the idea that Dun's could be amalgamated with ours, because I looked upon Dun's very much as a special hospital belonging to Trinity College. It is served by the members of Trinity College and it always seemed to me that you might as well try to amalgamate the Mater and the Adelaide as Dun's, the staff of which is elected for the purposes of the University, and the City of Dublin Hospital. I regard the proposition as simply impossible of accomplishment—there is no use of talking about joining together what never can be joined. Then looking at it from Mr. Hogg's stand point of an interchange of staffs, I could never believe that Dun's, in its peculiar arrangements with regard to Trinity College, would permit the staff of an hospital who have no connexion with Trinity College, to be amongst its teachers. Our hospital stands there by itself and supplies a district which is its own to speak. What I would like to see would be the houses at each side of the Institution utilized, so as to provide room for fifty or sixty more surgical beds which are much required. We are able to hold our own and are doing more surgical work than any other hospital in Dublin and quite as much as the London hospitals in the way of operative surgery.

2851. Mr. KENNEDY.—You heard the evidence given by Surgeon Wheeler?—I did.

2852. And we are to take it now that you do not agree with him on this question of amalgamation?—I would not disagree if I thought the thing were possible to be done. I would not object to Dun's and the City of Dublin Hospital being joined into one great hospital for that end of the city, but I think it is not feasible to carry on the work of the two in one of the existing buildings. I certainly would greatly desire to see one noble institution with 500 beds at that side of Dublin, and I would be glad to be on the staff of such an hospital myself, but I repeat in my humble judgment the thing is simply impossible on the lines suggested here. You might as well try to amalgamate the College of Surgeons and Trinity College as one teaching body when both think they are doing their own work well. We, in the City of Dublin Hospital, have our own work. Dun's was, until a few years ago, a medical hospital—ours had its surgical reputation made before Dun's was born, so to speak, and we do not want to have anything to say to it.

2853. I may take for granted then that your objections to amalgamation are insuperable?—Yes, I think so. I don't see the use of talking of joining things together that cannot be joined.

Surgeon Wheeler recalled and examined by Mr. ARMSTRONG.

Surgeon  
Wheeler.

2854. Can you tell us what are the fees paid by the students who attend your hospital?—The fees are twelve guineas a year—twelve guineas for the session.

2855. Mr. KENNEDY.—And of course they are divided amongst the staff as is usual?—Yes.

2856. Sir RICHARD MARTIN.—How many fever beds have you in the Drummond wing?—Sixteen.

2857. And in those sixteen beds do you think you have sufficient to give the students an opportunity of

learning fever?—Quite sufficient for the students, but sometimes not sufficient to accommodate all the applicants for admission.

2858. Then it is not considered necessary that students who attend your hospital should go to Cork-street or any other special fever hospital?—Certainly not.

2859. Mr. KENNEDY.—As you are there, perhaps you can give us some information on another point. It was stated yesterday that Trinity College would not

recognise a certificate for special cases—fever, ophthalmic surgery, or venereal—from an hospital unless it had so many beds—the number we were not told. I refer particularly to ophthalmic surgery and to that other disease which is treated in the Lock Hospital. Is there any condition which the College exacts from a pupil, that he must have attended for so many months an hospital with a specified quota of beds, or have seen so many cases before his certificate issues?—In the College of Surgeons the students are obliged to get in a certain time at hospital—so many sessions, and each session lasts nine months, that is compulsory—that is in the curriculum. The College of Surgeons did require a certificate in ophthalmic surgery, but more recently the Council deemed it more expedient to put on a special examiner in ophthalmic surgery, and they stopped the certificates and appointed an examiner, so that candidates now must know their business in that department as in others.

The CHAIRMAN.—I fear you did not quite understand Mr. Kennedy's question.

1860. Mr. KENNEDY.—The question originated in this way—one of the witnesses here strongly objected to the giving of instruction in venereal diseases in the Lock, and when asked if the students are excluded from that institution where are they trained; we were told that they were not trained at all. Then naturally followed upon that, the question, did they get diplomas to go down to the country and practice their profession, having no other and native ignorance of that disease; but the difficulty—the anomaly rather—could not be explained to us, and probably you can solve it.—You want to know how it is that a student in Baggot-street Hospital is trained to be competent to treat a case of syphilis?

1861. Yes, and those other diseases?—There is clinical instruction given in these diseases the same as in operative surgery.

1862. And on both subjects—male and female?—Yes, female cases are also taken in there.

1863. Into Baggot-street Hospital?—Yes, I have had both male and female syphilitic patients there.

1864. Do you believe that generally speaking it is wise to have that class of disease treated in the wards of a general hospital—you would require to have a small ward set apart for such cases?—I think that an hospital must provide for that, just as for fever patients, and thus, to speak in ordinary parlance, give

full value to their students. It is my experience too that patients very much prefer going to a general hospital than to a special Lock Hospital, and for very obvious reasons.

1865. Surgeon CROFT.—I too think that the treatment of syphilis in a general hospital is far more valuable. And it is absurd to say that pupils have no training in that disease, in face of the large number of cases treated in our dispensaries and in the hospital wards. If a man comes to a general hospital to one knows—some of his friends—what he is being treated for, but if he goes to a Lock hospital he is at once branded as a syphilitic patient. They won't go there—that will be the end of it.

1866. Mr. KENNEDY.—But you know it is contended that women must go to the Lock Hospital, and why should they be stamped with that opprobrium, while men are excluded from it?—But the class of women that go to the Lock are different. You would not say that because a man comes to an hospital with venereal disease that he is always to live in that way and continue the same mode of life. The other individuals contract the disease in that way—in their ordinary mode of life, and they are not a class of persons likely to be very desirable in a general hospital. You could not well mix the two classes.

1867. You were not present when the evidence was given on the part of the Lock Hospital; but the surgeons told us that there were respectable married women afflicted with this disease through the misconduct of their husbands, and that young girls seduced for the first time acquired it—people who left the place before they were cured rather than remain with the class you speak of. Why should such women be subjected to opprobrium, and the men spared?—But these married women and these girls that get this disease come to our hospital too—it is almost an everyday occurrence—and are treated there. When a married woman contracts venereal disease from her husband—not an uncommon thing—she does not go to the Lock Hospital.

1868. All I can tell you is that it was stated here that they do go, and in large numbers?—It is a curious thing that they should select such a place. It is far better from an educational point of view too, that a student should get all his clinical instructions in the one institution.

Witnesses were next examined on behalf of the

Dr. Christopher J. Nixon, who was examined by the CHAIRMAN.

1869. You are Senior Physician to the Mater Misericordie Hospital?—Yes, Sir Rowland.

1870. And Professor of Anatomy in the Catholic University?—Professor of Anatomy and Physiology.

1871. Mr. KENNEDY.—Just in order to make it clear—you are not in any way related to Mr. Nixon of Moore's Hospital, who was examined here on a former day?—No; in no way whatsoever.

1872. The CHAIRMAN.—When was your hospital founded?—The Mater Misericordie Hospital was founded by the Sisters of Mercy in 1851, for the relief of the sick poor of all denominations.

1873. And the buildings cost how much?—The buildings consist of three portions. The central portion was first erected in 1851 at a cost of £37,000, £10,000 of which was contributed by the Sisters of Mercy. In 1870 the eastern wing was built at a cost of £15,000; and at the present time the western wing of the hospital is being built at a cost of £20,000, so that the entire cost of the structure will be £52,000.

1874. And that £20,000 was entirely raised by voluntary contribution?—Yes, a small portion of that sum is still undeducted—that is a small portion of the sum required for the completion of the western wing. I may mention further that there is a very large plot of ground lying to the east of the hospital con-

sisting of several acres, which I think, sir, you had the opportunity of seeing when you visited us, and on which it is the intention of the Sisters at some future time—I hope not very far distant—to build a separate fever hospital, so as to render the education in the institution a very complete one.

1875. What number of beds have you at your disposal in the Mater?—The hospital was originally intended to accommodate 100 patients, but at first provision could only be made, from want of funds, for 40. After the completion of the eastern wing the number of beds was 202, but altogether in the hospital there are 261 beds. This includes the beds for the ward maids and servants, and the arrangement of the beds is as follows:—The medical beds number 102, or 34 for each physician; the surgical beds 93, or 30 for each surgeon; and in addition, we have ten beds devoted to obstetric cases. I may mention with regard to the building of the hospital that it is built upon the corner plan—that there is a number of large and small wards, the largest wards contain 14 beds and the smallest wards 4 beds. The amount of cubic space allotted to each patient in the large wards—and it is pretty much the same in the small wards—is over 2,000 cubic feet. It may not be out of place to state that in Dr. Bristowe's Report to Government on the Hospitals of the United Kingdom, made in the year

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Nov. 27, 1888

Surgeon  
Whelan

Dr. Christopher  
J. Nixon.

Nov 15, 1885.  
Dr Christopher  
J. Nixon.

1886, after referring in the most favourable terms to the internal arrangements of the Mater Misericordiae, he proceeds to state that—

"The hospital premises in our opinion to be, when completed, one of the finest hospitals in Europe. It is built on the corridor plan; but the distribution of the corridors, and wards, and beds is such as entirely to neutralise any of the effects that could possibly flow from the adoption of this plan, while all the advantages that spacious, cheerful, well ventilated corridors could afford are thoroughly secured."

The number of beds that the hospital is intended to accommodate is 300, exclusive of those for fever in the special hospital.

2876. And the number of beds occupied now, is what?—One hundred and sixty for the year ending March 31st, 1885; I believe that is the largest number maintained in any of the general hospitals in Dublin.

2877. How are patients admitted into your hospital?—There is no recommendation of any kind required, and patients of every denomination are admitted. They are admitted upon the order of the physicians and surgeons, and from the dispensary on the dispensary officer's order, according to the urgency of the several cases. Accidents are taken in at all times and without delay. In 1880 the Sisters of Mercy introduced, I believe for the first time in Dublin, the practice adopted in the London hospitals of appointing assistant medical officers. They appointed an assistant physician and an assistant surgeon, and these officers have charge of what is known as the out-patient department. They hold dispensaries three days weekly, and these dispensaries not as features to the general hospital—in fact, most of the cases admitted to the hospital come from the dispensary. Further, there is a dispensary held twice a week by the obstetric physician for diseases peculiar to women. The number of out-patients relieved in 1884 was 23,000—medical cases 13,335 and surgical 9,665, making the total I have given you of 23,000.

2878. And can you give us the proportion of recoveries in your hospital—the mortality in other words of the hospital?—Allow me first to continue those statistics. The number of interns in 1884 amounted to 2,712. With regard to the nature of the cases admitted during the last year, we had 219 of fever and other infectious diseases and out of these we had 38 deaths, or a mortality of about 13·7 per cent. There is a point of some interest in connection with the analyses of the internal admissions. Taking the internal admissions for the year—2,712—I find that from Dublin alone we got 2,061, and from the country districts we got 661; with regard to the Dublin patients from the north side of the city we got 1,164, and from the south side 887 patients. This is a point that bears upon the relation which the hospital has to the districts that supply it with patients—there were admitted at this far portion of the north side of Dublin 887 patients from the south side of the city. These figures do not take into consideration foreigners, because such patients usually give their last place of residence.

2879. What class of patients do you generally get there?—Well, the patients are of the occupations, principally, of clerks, artisans, small shopkeepers, labourers, servants, dressmakers, farmers, machinists, shopgirls, policemen, and so on. I may mention, sir, that during the last three years we had 839 cases of infectious diseases admitted, and out of this we had only 35 deaths—a mortality of something like 4·4 per cent.

2880. What are your arrangements for teaching—can you give us some description of this?—The clinical staff consists of three physicians and three surgeons, and these give instruction each day in the week. The instruction commences at 9 o'clock—a surgeon or physician then takes charge of the class for an hour, and he is followed in the case of a physician coming in first by a surgeon, so that the class will have from two to two and a half hours clinical instruction each day in the week, except on Sundays, half the time

from a surgeon, and the other half from a physician. In addition to this staff we have an obstetric physician, and we also have in connection with the hospital a consulting physician—two assistant medical officers (one an assistant surgeon, and the other an assistant physician)—a house surgeon, a dental surgeon, an apothecary, and six resident pupils; and it is the intention of the authorities of the hospital, when the new wing is completed to have, in addition to the house surgeon, a house physician to have charge, especially, of the medical side of the house.

2881. Have you any statistics as to the number of students attending class there?—This card (handed to the Chairman) shows our arrangements, and the hours of attendance of the members of the staff. The average numbers of students entered for the last three years was ninety, and the average daily attendance is from fifty to sixty students. The fees derived from the students have increased within the last four or five years, and last year we divided nearly £1,300 in fees—£1,295 was the exact amount divided last year.

2882. Are you satisfied with your nursing arrangements?—Perfectly satisfied. The nursing is done by the Sisters of Mercy, assisted by ward maids. At night there is a special staff of night nurses, the arrangement of which I will describe afterwards. There are in the hospital altogether sixteen Sisters, thirteen of whom attend the sick—three are devoted to house-keeping and the general management of the institution—keeping of accounts—superintending cooking and so forth. The average attendance of the Sisters is about one to thirteen beds, and their ages I believe are stated in the report furnished to you as varying from about twenty-five to fifty. With regard to the night nurses we have at the present time in the hospital six night nurses, or in the proportion of about one to twenty-six beds, and the special management as made with regard to night nurses is this—A Sister is held off for duty each day and remains on duty until a quarter to 12 o'clock p.m. A staff of night nurses is left under her charge. They nurse the patients during the night, and the sister takes up from them, at half past five in the morning, their report. In case of anything serious occurring during the night, the instruction given to those night nurses is to summon the Sister on duty for the time being as well as the House Surgeon.

2883. Then you employ additional nurses to act also when required?—Yes, there are special nurses provided in cases of delirium or any very urgent or special case.

2884. And how are these nurses trained?—They are trained from the most intelligent of the ward maids by the Sisters.

2885. The Sisters train them?—Yes. I may mention my own personal opinion of the nursing in the Mater Misericordiae Hospital is that it is in every way perfect. I have been in connection with the hospital for some sixteen years, and have had under observation cases of all kinds, including fever, and I cannot call to mind during that time more than two cases of a grave form of bed sore occurring, and I think that is a very high testimony in favour of the excellent nursing of the Sisters.

2886. Before leaving that question of nursing, have you any general remark to make upon it?—No, except that I would be in favour of a method of training nurses in the hospital by which they could receive the advantage of a course of lectures say from either the assistant medical officers or from the house surgeon, and that they should be examined by the senior members of the staff, and get certificates if found qualified. That, however, is a matter that would entail a considerable expenditure, and it is one that would require grave considerations on the part of the Governors. With reference to the hospital I might enumerate the staff of attendants.

2887. Yes, do if you please?—Supplementing the staff I have already mentioned we have six night nurses, thirteen wardmaids, three servants in the



hospital kitchen, two in the servants' kitchen and dining hall, four in the laundry, two in the linen room, one resident parish's servant, one Sisters' servant, one hall porter, three house porters, and one gardener—a total of thirty-seven.

2888. I observe from the card you have handed to me that you have your operations on Thursdays?—Yes, on Thursdays.

2889. And there are two lectures daily—are there not?—Well, there is clinical instruction given each day by the surgeon on duty and by the physician on duty.

2890. Besides which there are two lectures per week I observe?—Yes, two lectures each week.

2891. How are the accounts of the hospital audited?—They are audited each year by a chartered accountant. The expenses of the hospital last year—and it is the average for the last three or four years—came altogether to £4,961 10s., and this has been expended in maintaining 160 patients in the following way.—The maintenance comes to £2,580 15s. 4d., the establishment charges to £1,883 17s. 8d., the management to £386 14s. 3d., and other expenditure to £344 14s. 3d., making in all the sum I have mentioned of £4,961 10s. The disposition of this sum amongst the beds in the hospital is as follows:—The maintenance cost per bed £16 2s. 7d., the establishment charges (wages of servants, &c.) £8 12s. 11½d., and the management (salaries, printing, &c.) £1 16s. 10d.; under the three items, the entire cost is £26 12s. 4½d. per bed. The other expenditure comes to £2 2s. 9½d. per bed, so that the gross total accounts, under the four heads, to £28 15s. 3d., or the cost per bed of maintenance and establishment is £24 13s. 8½d.

2892. The low cost of management is, of course, due to the fact that the nurses are no cost to the establishment—the Sisters of Mercy?—The Sisters are no cost to the establishment.

2893. You admit into the hospital persons of every creed, don't you?—Of every creed without distinction, and it is always the rule of the Sisters, when they ascertain that a patient not a Catholic has been admitted into the hospital, and that the case is an urgent one, the dispensation of the patient's permission is at once set aside. That is a rule of the Sisters—a positive rule.

2894. Religious services are carried on in the hospital?—Yes, in the large wards, but not in the small wards—morning prayer and the Angelus.

2895. Now, how are the members of the staff appointed?—The staff are appointed by the Sisters of Mercy, who manage the hospital—usually on consultation with the senior members of the medical staff. This consultation, however, is not done in any formal way.

2896. And do you think that that is a satisfactory method of appointment?—Well, if you press me for an answer, I think it is open to some objection.

2897. Is there any restriction as regards candidates—where they have studied?—For appointment to the medical staff?

2898. Yes?—There is not. I may mention, with reference to the appointment of the staff, that the Sisters have adopted, in many instances, the plan of appointing their own students—students who have attended the hospital classes and become residents, and then assistant medical officers; when a vacancy occurs they usually promote them to the senior positions.

2899. Are the fever beds in the same building with the general cases now?—At present they are in the same building, but in a separate corridor, and isolated from the general hospital as much as possible under the circumstances.

2900. Supposing that the Sisters got a share of the Government grant, or got a Government grant, would they be willing to submit to the control or authority of any representative body in the management of the hospital?—They got a grant at the present time from

the Corporation, and the Sisters, I know, are perfectly willing, and, in fact, anxious that all their accounts and the mode in which they manage their hospital should be perfectly open to inspection.

2901. I suppose I may take it for granted that you are in favour of Government grants to hospitals in certain cases?—Do you mean that the grant should be continued?

2902. Yes?—I am strongly of that opinion, and I would put it on three grounds—first of all on the ground of their necessity and usefulness. I think it would be a monstrous thing, considering the present impoverished state of the country, if this grant of £16,000 a year were taken from the hospitals. We have a difficulty in getting sufficient funds at present to maintain our hospitals even with this grant, and if the grant were withdrawn, I think the result would be simply calamitous. We have to bear in mind that this is the metropolis. It is the centre of the railway system, and that the Dublin hospitals afford relief to persons coming from the country districts—to a very large number, in fact, from the country—and unless you have very extensive hospital accommodation, you could not continue that relief. The effect of the withdrawal of the grant would be to drive a large number of the deserving poor, and the labouring class into the workhouse. Another aspect of the question is, that the grant has undoubtedly been the means of fostering the growth of the Dublin Medical School—a medical school, which I may say, makes quite as high as any school in the three kingdoms, and which is one of the few thriving branches of education left to us. In fact the existence of the hospitals fostered the growth of our medical schools, and there is scarcely any hospital from which most important works in Medicine and Surgery have not emanated. To speak only of the dead, the Month has given the works of Stokes and Graves—the House of Industry the works of Corrigan and Adams—Sir Patrick Dun's and Jervis-street the works of Smith—the Mater Hospital those of Hayden—and St. Vincent's those of Bellingham and O'Farrell. I may mention that there has been a steady increase in the number of students in the Medical School—an increase of from 540 students in 1854, to 900 now. And lastly, sir, I would put the continuation of these grants distinctly as a matter of right. I have taken a little trouble in connexion with this matter, and it can be shown that at the time of the suppression of the Monasteries there was scarcely a county in Ireland where a number of these Monasteries was not suppressed, and their incomes given away in most cases for some political or military service. In Dublin the work of confiscation was rich in its results. I find on referring to Mr. Archdale's book—the Monasticon Hibernica—a list of the institutions suppressed, which I may, with your permission, summarize. First, there was the Abbey of the Virgin Mary, situated at the north side of the river, the property of which was divided amongst, one part to Walter Peppard, one to the Earl of Thomond, and one to Walter Sussex, and to the Earl of Desmond. Secondly, there was the Priory of Holy Trinity, or Christ's Church, which was changed into a Deanery. There were then the Abbey of St. Clare at the foot of Fishamble-street; the Abbey of St. Augustine; the Priory of All Hallows in Hoggins-green—now College-green, the site of the University of Dublin; the Abbey of St. Thomas, situated in Thomas-court, the property of which was given to Wm. Buteham, esq., ancestor of the Earl of Meath, for military service, at a rent of 18s. 6d.; the Hospice of St. John the Baptist in Thomas-street, granted to James Sedgwick for some small sum; the Priory of St. Servator's (King's Lane), granted to the Earl of Ormonde; and the Monastery of St. Francis in Francis-street, granted to Thomas Stephens. In addition the Hospital of St. Stephen's—on the site of which Mercer's is now built. Allen Hospital and Steyne Hospital were suppressed at the time of the Reformation, and their property given as I have men-

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tioned, in most cases to individuals for political or military services rendered. Now, in the case of the suppression of the Monastic institutions in England what happened was this. When Henry VIII. was very ill, it was recommended to him that he should do some work of great charity, and out of the confiscated funds of the Monasteries he specially endowed St. Bartholomew's, Christ's, St. Thomas's, and Bridewell's Hospitals. So that these hospitals were endowed out of the monastic property confiscated in England; but there was no similar return made to the people of this country—the possessions of the Irish Monasteries were granted to individuals for political and military services, and in that way the State was saved the necessity of imposing a tax on the general ratepayers.

2903. Are you satisfied with the present distribution of these grants?—No, sir, I am not, because I think that the circumstances under which the grants were given after the report of the Commission of 1835 have materially altered. In the first place, a number of hospitals have cropped up in Dublin since 1835—the Mater Misericordie has been built, Jervis-street has been rebuilt, the Adelaide has been built, and a number of extensions have taken place in other hospitals. I may observe, too, that the circumstances under which certain institutions got their grants have changed very considerably. For instance, if you take the case of the House of Industry Hospitals, the chief exponent of the reasons for the endowment of that hospital to the complete extent of its wants, before the Parliamentary Committee of 1854, was Sir Dominic Corrigan, and the points which he laid special stress upon as founding the claim for a full endowment of that hospital were these. He said, if you take the north side of Dublin you have only two hospitals ministering to its wants—Jervis-street, taking charge of the east side of it down to the end of the North-wall, and the House of Industry Hospitals for the western district, supplying the wants of that huge area, including Smithfield Market, the Broadstone Terraces—whence came people by rail from the peasant parts of Leichestown—the Royal Barracks, and so on, it was serving a large and otherwise totally unprovided for district he urged. His second point was that these hospitals, with the Month, were the only institutions in Dublin which gave instruction in fever; and lastly, that they (the House of Industry Hospitals) had in connexion with them a medical school—the Carolet School. Now all these circumstances are entirely changed. You have another hospital of large size—the Mater Misericordie, which ministers to the wants of the Western Division of North Dublin, and you have no longer a school in connexion with the House of Industry Hospitals—there is no medical school in connexion with any hospital in Dublin except Sir Patrick Dun's, which is in connexion with the School of Physic; and lastly, you have now clinical instruction in fever given in a number of hospitals in Dublin—the Mater, the Adelaide, St. Vincent's, and Dun's. So that the conditions under which the House of Industry Hospitals got a full endowment sufficient to maintain its present number of patients have entirely passed away.

2904. Did you read in the newspapers, or have you heard of the evidence that Dr. Hamilton gave here, in the course of which he expressed an opinion in favour of the building of a new hospital in Dublin?—Yes, I saw that.

2905. And do you agree in that opinion or dissent from it?—I entirely dissent from it.

2906. You dissent from it?—Yes, entirely—I think that Dublin is over-hospitalised. I think that what you should do—if you could—with advantage, and having regard, of course, to the vested interests of the men in the different hospitals, is to suppress some of the existing institutions. I took the trouble of making out from the returns that were furnished to the Committee of the House of Commons of 1854 by Mr. Alfred Power, and returns that are to be found in the Board of Superintendence Reports and elsewhere,

what I call the potential capacity of each hospital in Dublin—that is, the number of beds which it could maintain if it had sufficient funds, and, taking the total of these, I find the extraordinary fact that in Dublin—my calculation includes all the special hospitals—you have 2,487 beds. That is the potential bed accommodation of the Dublin hospitals, and you might add to that 300 or 350 beds temporarily in Cork-street Hospital, because whilst the authorities there say that in the case of an emergency, they could provide for 500 patients, I calculated it as affording accommodation for only 250. If you take the total number and put down the population of the city as 240,000—the Registrar-General's returns given it at 245,000, but if you allow for the number of persons in the barracks, the prisons, the lunatics, and lunatic asylums, I think we may fairly take 240,000 as the figure, and dividing that by the number of hospital beds, you get the extraordinary fact that you have one bed in Dublin for every 965 persons. In Scott's Report of 1856 he gives the hospital accommodation in London as one bed to 526½ persons, in Edinburgh it is one to 512 persons, and in Glasgow one to 520 persons. Walter, in his Report of 1854, gives the hospital bed accommodation in Dublin as one to 208 persons, the population being then taken at 258,399. I may mention in connexion with the analysis which I made, that if you took 240,000 as representing the population to whom the bed accommodation in the hospitals of Dublin would be available, that would be rather under the mark, because there are persons resident outside the city area who avail themselves of the advantages of the hospitals; you might put this number down at from 30,000 to 35,000, and that would give you roughly one bed to 109 persons. Now, with that fact before us, I think it would be an indefensible waste of public money to build a new hospital in Dublin when you have such an enormous potential bed-accommodation already in existence. I may also observe that it would help to continue the system now so strongly objected to that these grants in place of being given to each hospital in proportion to the work which it does, in proportion to its utility to the State, would be devoted—a great portion of these capitalised sums—to building the new hospital and endowing it, to the exclusion of the other institutions. I think there is no justification for building a new hospital in Dublin; and, further, I am of opinion that the proposed site of that new hospital is extremely objectionable.

2907. That is, Christchurch-place 1?—Yes. I would never dream of placing a large hospital in that crowded district. You would have a large hospital built in an unhealthy situation, which would probably represent a suppressed Moore's, if indeed that hospital be itself extinguished.

2908. Have you any observations to make as to the disposal of the grant?—I have not much experience in matters of this kind, but what would occur to me as a fair way of disposing of the grant would be, first to make one of the moneys being secured to the hospitals, and the best way of securing that would be to have the grant capitalised. If it were capitalised I should say that the proper persons to have control over its administration would be the representatives of the ratepayers—some local body, but whether the Corporation of Dublin or not, I am not prepared to give an opinion. But the body selected should have the power of watching the management of each institution, noting the number of beds it maintained, how its clinical instruction was carried on, and in relation thereto to these facts give it a proportionate amount of the endowment fund.

2909. And how would you deal with the House of Industry Hospitals?—Of course there is always a difficulty in the physician of one hospital expressing an opinion that might not be considered favourable to the interests of the staff of another hospital, and in any opinion that I would express upon this matter, I would assume that the vested interests of the staff of the

House of Industry Hospitals must be respected in any argument that may be made. I could hardly conceive that men who have done so much good work—who have worked so faithfully and with such distinction should not have their interests taken care of in this matter. But that being considered, I do think that you have an opportunity presented now of lessening the number of hospitals in Dublin, and these House of Industry Hospitals are probably the only institutions you could directly affect. You have no power of suppressing, as far as I know, any other. You cannot suppress Stevens' Hospital, which has its own private endowment of £5,000 a year; you cannot suppress the Adelaide, near St. Vincent's. I don't think you could affect Beggar's-bush, or the Meehan, or Sir Patrick Dun's, and the only institution then that you can affect in any material way is the House of Industry Hospitals, and you could I think provide, and provide well, for the vested interests of the medical staff of these hospitals by a moderate extension of Jervis-street and of Stevens' Hospitals, if that were even necessary. It seems to me that but two plans are feasible in dealing with the matter—either give the House of Industry a share of the expected grant in proportion to its work, and with a popularised Board it can appeal like the other hospitals for voluntary aid; or what I conceive would be a better plan in the interests of the community, as tending to lessen the existing evil of multiplication of hospitals, have a moderate extension of Jervis-street and Stevens' Hospitals, and distribute the existing staff of the House of Industry between these two institutions.

2910. Are you quite clear that for minor appointments in your hospital, candidates have not been obliged to study in one particular school of medicine?—Quite clear. The authorities of the hospital have left themselves open to appoint Catholic medical men on their merits. It is understood that, other things being equal, a preference should be given to the students of the Catholic University Medical School, but there is no obligation on the authorities of the hospital to appoint the students of that school.

2911. But as a matter of fact they do that as a rule?—Oh, no, we have had a number of the staff of the hospital who are not connected with the Catholic University Medical School; for instance, our two assistant medical officers were never connected with that school.

2912. You said that you thought there might be some reform made as regards the method of appointment to the medical staff; will you state what change you would suggest, or would you prefer not to answer that?—I have no objection to mentioning what my own idea is, and that is, that a number of names might be suggested to the authorities of the hospital by the medical staff—that they would be at liberty to suggest any three names to the authorities of the hospital, and that the authorities would elect one of the three. I mention that because I believe it is the practice in another hospital—in St. Vincent's Hospital. I wish to supplement a previous answer by stating that our house surgeon, Dr. Dwyer, is a Trinity College student—he never was a student of the Catholic University Medical School.

2913. Mr. ANASTASIOU.—Before the Sisters undertake the duty of nursing have they any certificate or diploma—what is their course of instruction?—It is based upon the aptitude of the Sister for her work. A young Sister comes to the hospital, and if she likes the work the senior Sisters train her, and as it is a branch of love they fall into the business of nursing very quickly.

2914. I take it that a Protestant positioner is inadvisable for an appointment on your medical staff?—I don't think so.

2915. I have looked over the list of your staff, and I don't see the name of any Protestant on it?—I don't think a Protestant would be ineligible, though I don't think it likely that a Protestant would be appointed—I myself, personally, should like that he would, but I

don't think it likely. Still I don't consider that a Protestant is ineligible.

2916. Assuming for a moment that such a restriction does exist, don't you think that it should be removed in the event of your participating in the Government grant?—That is a question I could not answer without consulting the authorities of the hospital.

2917. Have you it in contemplation to erect an obstetric hospital in connexion with the Mater?—We have in connexion with our hospital an obstetric ward taken charge of by my colleague, Dr. Moore Madden, who will give you every information on that subject.

2918. Do you take in pay patients?—Not in the sense that there is any fixed charge; but patients may, if they so wish, contribute something towards their maintenance whilst in the hospital.

2919. Mr. KANEV.—And you take Union patients at so much per head per diem?—Yes, we take in fever patients sent from the unions and charge 2s. per day for maintenance.

2920. Sir RICHARD MARTIN.—Are there many non-Catholic patients treated in your hospital?—Well, I am unable to give you precise information on that point because I never inquire, and seldom know, the religion of any patient whom I am attending. But I have frequently met the Jewish clergymen there—the Rev. Mr. Sandelme. And the Protestant clergymen is also very often in the hospital, so that I take it that there is always a number of Protestants there.

2921. And of all denominations—non-Catholics as well as Catholics?—Yes, I should say so.

2922. With regard to the nurses is there any certificate given to the lay nurses who, trained under the Sisters, have learned their business there?—At the present time there is no special provision for the training of nurses in the hospital. That is a thing which I would hope to see done in the future.

2923. Isaac. What proportion of beds are set apart for males and females, can you say?—They are very nearly equal.

2924. And are there as many male patients as females treated in the hospital, would you say?—I would not like, off hand, to give an answer to that question. Speaking merely from my own experience as a physician, I would say there are more men than women.

2925. Are the members of the medical staff when appointed, appointed for life?—Oh, yes, for life. I would qualify that answer.—The house surgeon is appointed for a year and is eligible for re-election for another year. The assistant medical officers are not appointed for life—that is, they are not necessarily promoted. Perhaps I am conveying myself wrongly—they may hold their appointments as assistant surgeon or assistant physician for life, but it does not necessarily follow that they are promoted to the senior positions in the hospital.

2926. The assistant surgeon and physician—do they reside in the house?—No. They are just in the same capacity and position in relation to the hospital as the assistant surgeons and physicians in the London hospitals—they reside outside and practise. And usually they are connected with one of the medical schools as demonstrators.

2927. There is only one qualified gentleman resident in the house?—Yes, and six pupils. But as I have already mentioned it is the intention of the authorities of the hospital to appoint a house physician as well, who will be also a resident.

2928. Mr. HURRIS.—Who appoints the resident pupils?—The medical staff.

2929. And the students come from what schools principally?—I think we get students from all the schools—from Trinity College and the College of Surgeons and the Leodwick School and the Catholic University.

2930. Where do these students take out their midwifery cases?—There is no midwifery department in connexion with the hospital.

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2861. Do they go elsewhere to learn that branch? Yes—they go usually to the Rotunda Hospital or to the Coombe.

2862. Have you a convalescent home attached to the Mater?—No—we have not.

2863. Mr. KENNEDY.—Doctor Nixon, in reference to the question that was asked of you and very properly asked by Mr. Armstrong relative to the fact of no Protestant being on the medical or surgical staff of the Mater Misericordiae Hospital, without pledging you to pronounce an opinion which would bear one way or the other on the authorities of that house, may I ask did you ever hear it stated in Dublin that when St. Vincent's Hospital was started there was an essay made in the direction of giving appointments to Protestants—in that within your recollection?—I know as a matter of fact that there were Protestant medical men on the staff of St. Vincent's—for instance Dr. Bellingham.

2864. And from your knowledge of Jervis-street, the Mater Misericordiae, and St. Vincent's Hospitals, do you think that if a more liberal system existed elsewhere, in what have been called Protestant Hospitals in the past, that the Sisters in charge of those institutions would be opposed to the appointment of Protestant medical men upon the staff of their hospitals?—I am perfectly sure that they are too enlightened and too much influenced by feelings of pure humanity to be tied down by any narrow considerations of that kind.

2865. When it is your belief that their action is in absolute self-defence—adopted by them in the interests of the Roman Catholic practitioners of the city?—I am perfectly sure of it.

2866. And that they are trying to do the best of their ability to preserve in those hospitals sanctuaries or retreats into which the Roman Catholic practitioner may enter because he is deterred from entering the other hospitals?—I believe that is the case.

2867. But you believe that if there was a more enlightened policy adopted in those other hospitals that the Sisters would be disposed to discontinue the system of exclusion of Protestant medical men as such?—I have reason to know that they would, but that reason I am not at liberty to divulge.

2868. But as a matter of fact you, as a gentleman, state in the face of this Commission, that it is only in

the hope of bringing Catholics into practice with proper experience that that system is adopted, and not because of any fear or dread on the part of the Sisters of the admission of Protestant practitioners amongst the patients?—Oh, no. And the idea is to secure the best men for the hospital which could be best done by going over the largest area.

2869. Are you not aware that those Sisters in the event of illness overtake themselves frequently as well in Protestant medical gentlemen?—I am aware of that perfectly, because it is a fact within my own personal knowledge.

2870. That they bring in freely and liberally the Protestant practitioners of this city as far as their own cases are concerned?—Yes, they do.

2871. The CHAIRMAN.—I just want to ask one question—do you think that the religious persuasion of a medical man ought to be taken into consideration by persons who appoint to vacancies on a hospital staff?—Well, in the good time that is coming, Mr. Chairman—

2872. No, I ask as an abstract question—do you think that the question of a doctor's religion ought to be taken into consideration in his appointment to a hospital?—Personally I do not.

2873. You do not think it should?—No, personally I do not; but I answer that as an abstract question.

2874. In answer to a question put just now, I think you rather modified what you said previously to me. I want to know whether in the minor appointments to your hospital candidates would have the preference who had studied in the Catholic University School of Medicine?—Well, what we look to first is their efficiency as students—in the appointments for instance to resident pupilships; but it happens that we have a larger number of students from the Catholic University School than from other schools, so that necessarily we have a greater number of residents from the Catholic University than from other schools. But we have frequent exceptions to that—and just now our house surgeon is a Trinity College man, and was a distinguished student in that school.

2875. But would it be an advantage to a man looking for such an appointment to have studied in the Catholic University School of Medicine?—All other things being equal, it would.

Mr. Patrick  
Joseph Hagen,  
L.R.C.P., Edin.,  
L.R.C.S., and  
F.R.C.S., Edin.

Mr. Patrick Joseph Hagen, L.R.C.P., Edin., L.R.C.S., and F.R.C.S., Edin., examined by the CHAIRMAN.

2848. You are Surgeon of this hospital?—Yes, sir—Senior Surgeon.

2847. Do you wish to make any remarks after the very full and interesting information which we have already obtained. I don't think I have any questions to ask you?—I think not; Dr. Nixon has gone very fully into the whole subject.

2848. Dr. Nixon—Pardon me—there is one thing I wanted to mention. I believe the question was mooted here about having one fever hospital for Dublin, and that Cork-street hospital. Now, I think one great objection to that would be that in the first place it would be a very long distance for a patient afflicted with fever to go, say from the end of Drumcondra, or toward Clontarf, across the city to Cork-street, and the result would be that those patients would—in consequence of the distance—remain in their homes and become centres of infection in their districts. Another thing that occurs to me is that it is a very important thing that we should have in a country like this, where fever is endemic, instruction of the highest class given on fever, and that is given really in connexion with the large hospitals, to the staffs of which you have the very best men attached. You would have a very small staff in Cork-street hospital, confining experience to a few, and you would lose the experience of the men in the general hospitals, so that I would be altogether against the idea of concentrating fever in one hospital. Besides

you must be always prepared for the admission of cases in the time of epidemics and you can only secure that by having fever beds in connexion with the general hospitals.

2849. The CHAIRMAN.—Dr. Hagen, I understand that you wish to make a few observations to the Commission—if so, we will be glad to hear you now?—Yes, Sir Rowland—I wish to say a word or two with regard to the treatment of the surgical cases. Dr. Nixon has already informed you that the total number of patients admitted to the hospital in 1884 was 2,715. Of these 602 were from the country—177 medical cases, and 425 surgical cases.

2850. Those are the main cases from the country?—Yes. Of the 402 patients admitted to the hospital in 1884 from the country 425 were surgical cases. Of the surgical patients there were operation cases, in all 144, the number of deaths being about 1 in 24.

2851. In the surgical cases?—No, in the operation cases. With regard to the surgical cases, in all there were 500 admitted in 1884, and of these 20 died, or 1 in 45.

2852. And Dr. Nixon gave us information as to the medical cases, you know?—Yes, and the particulars respecting the proportion of nurses to patients, and with regard to the fever cases.

2853. Yes—have you anything further to add?—In speaking of the selection of resident pupils, I may mention that at present we have a Protestant resident

pupil in the hospital, and that such has been the case on several occasions within my recollection.

2954. Sir RICHARD MARTIN.—Dr. NIXON mentioned that the members of the medical staff are appointed for life—is it your opinion that it is for the advantage of medical science that gentlemen should be appointed for life, or would it be better to appoint them only for a limited number of years, and thus allow of others gaining the experience which they had had such an excellent opportunity of acquiring?—Well, with regard to that, I think the probability is that medical men, when they found years had crept on them, so that they could not fulfil their duties in a hospital, or when their practice became too large to admit of their discharging those duties as they should, would resign of their own accord. One of my colleagues did resign for the latter reason—he felt he could not adequately fulfil his duties as a teacher in the hospital, and, therefore, resigned.

2955. But are there any instances, in your knowledge, of medical practitioners continuing to occupy their position as surgeon or physician to an hospital, and still not being able to give the time that should be expected of them for clinical instruction or for the service of the hospital?—Well, sir, with regard to our hospital there is a rule, made by the Medical Board, that any officer who fails to fulfil thoroughly his duty as a clinical teacher will have no share in the advantages derived from fees paid by the pupils. And once a medical man is in such a position—

2956. He will resign, you think?—Yes.

2957. But there was a rule by which he is obliged to resign if he fails to attend for a certain number of days?—There is no rule, but we impose fines.

2958. You impose fines?—Yes. We have a rule by which any physician or surgeon who is fifteen minutes late on his day for clinical duty, or who fails to fulfil duty, will be fined a guinea. He must provide a substitute. Of course if another undertakes to do his duty, and then it is done, no fine will be imposed.

2959. And would you consider it of advantage if a rule were made that in case a physician or surgeon did not attend for a certain number of days in the year, he should be obliged to resign?—Of course ill-health might compel a man to be absent, and I think it would be very hard indeed to deprive him of his position because he was absent during a certain number of days owing to sickness.

2960. Mr. KENNEY.—But if absence through ill-health was made an exception?—Then, I think, if

absent for any length of time, he should be called upon to resign.

2961. And you are aware that, under the constitution of that particular hospital, to guard against the very evils that Sir Richard Martin speaks of, there is a power vested in the authorities of the house—and very properly, having regard to the necessity there is for regular attendance on the part of the medical gentleman—to retire a member of the medical staff?—Yes, I am aware of that.

2962. But, I am glad to say, that it has never been resorted to, and I hope never will be?—No.

2963. Mr. ARMSTRONG.—With regard to your medical staff, do you agree in the view that, if that distinctive element with regard to creed were removed, that you would have a larger area to select your staff from, and a better chance of securing the best men?—Unquestionably. But it was absolutely necessary to establish hospitals where Catholic practitioners would have posts open for them. Heretofore they were excluded from the other general hospitals of the city, and, as a consequence, few Catholics could hope to attain to positions of eminence in their profession in Dublin.

2964. Have you any idea of the relative number of Catholic and Protestant doctors in Dublin?—I have not at the moment.

2965. Mr. KENNEY.—That is a thing we can discover for ourselves—you heard the questions I put to Dr. Nixon regarding the obligation those Sisters feel themselves under of providing hospital opportunities for their fellow Roman Catholic practitioners—do you agree with the replies he made?—I do.

2966. And that there is not a restricted idea in the minds of the Sisters against appointing Protestant practitioners, if there was a freelanddom in the appointments to the staffs of other hospitals?—I am quite sure there is not, and you put a question as to the Sisters consulting Protestant practitioners themselves—

2967. Yes!—Why in some of their own private convents I have been with Protestant practitioners during the performance of operations.

2968. The CHAIRMAN.—I was just going to ask a question bearing on that—I believe there are a great number of Protestant doctors in the city of Dublin who attend convents professionally?—I should think so.

2969. But you do not know as a matter of fact?—Well, I have known Protestant doctors to attend—that is, I have assisted myself at operations with Protestant practitioners in convents.

Dr. THOMAS MORGAN MADDEN, F.R.C.S., EDIN., and Member of the College of Physicians, Ireland, examined by the CHAIRMAN.

2970. Dr. Morgan Madden, you have heard the evidence already given—is there anything you would wish to add on behalf of this hospital?—Yes, I have been asked to make a short statement by the Medical Board concerning some of the grounds upon which they think that the hospital is entitled to a participation in any distribution of the Government grant.

2971. Then, if you will proceed, we are prepared to hear what you have to say?—The position I occupy in the Mater Misericordiae Hospital is that of Obstetric Physician to the institution. I am also President of the Obstetric Section of the Academy of Medicine in Ireland, Physician to the Hospital for Sick Children, Dublin, and Vice-President of the British Gynaecological Society. I was formerly Assistant Physician to the Dublin Lying-in Hospital. At the request of the Medical Board of the Mater Misericordiae Hospital, I attend here for the purpose of submitting to the Commissioners a statement of the claims of our hospital, on gynaecological and obstetric grounds, to be admitted to participation in any grant from the public funds in aid of medical charities in Dublin. During the past seven years I have been in charge of the wards and dispensary for diseases of women attached to the hospital. I may

have pointed out to the Commissioners that this special branch of medical practice has only come into great prominence and importance within the last twenty years—that is to say, since the time when the last Commission of Inquiry into our hospital system sat. In the gynaecological department, or, in other words, in the department set aside for the treatment of diseases peculiar to women, we have already had about five thousand external cases, together with 480 intern cases. Many of the latter constituted operations, some of which were of great magnitude—such as those for the removal of ovarian and uterine tumours, &c. Cases of this kind require special care and nursing; and in no hospital in the world could that kindly care and constant attention, which are so necessary for the recovery of such patients, be more fully and more cheerfully afforded than in the case in the Mater Misericordiae Hospital on the part of the Sisters of Mercy.

2972. Is this department open to the observation of students?—Yes, the gynaecological department is fully available for clinical instruction, and its practice is attended by senior students who receive clinical instruction, in lectures, at the bedside, and in the dispensary. By a resolution of our Medical Board it was

May 15, 1895.

Mr. Patrick Joseph Hayes, F.R.C.S., EDIN., F.R.C.S., LOND., and F.R.C.S., LOND.

Dr. THOMAS MORGAN MADDEN, F.R.C.S., EDIN., examined by the CHAIRMAN.

Nov. 12, 1885.

Dr. Thomas  
Harcourt Mackay,  
F.R.C.S., Edin.,  
Ac.

recommended a couple of years ago, that a maternity should be established if possible in connection with the hospital. This idea was, I believe, one of the various reasons which have led to the building of the new wing now in progress of completion for the necessary enlargement of the institution. By the former Commission of Inquiry into the Dublin Hospital system, it was strongly recommended that a maternity department should be attached to every general hospital receiving assistance from the public funds. That recommendation is now, I believe, practically a dead letter, except in Sir Patrick Dun's Hospital. In the present instance, if it could be effected, it would add to the other claims of the Mater Misericordie Hospital to share in any grants from public funds in aid of the Medical Charities of Dublin. That these grants are now more urgently needed, and hence should in future be accorded on a larger scale than heretofore, is evident from the greater poverty now existing in this city than was the case when this question was under the consideration of the previous Commission on the subject. In suggesting to the Commissioners that the establishment of a maternity would add another to the already more than sufficient grounds on which the Mater Misericordie Hospital should now be afforded recognition in the way of a substantial grant from the public funds for its services, as a great medical charity, and as a leading centre of clinical instruction, I need hardly disclaim any hostility to other hospitals which in their time have rendered valuable obstetric assistance to poor women. I admit this freely, and am also aware that the institutions referred to, have contributed to the high reputation of the Dublin School of Midwifery. Still, I would also point out that there are several causes which render it very desirable that we should now have a maternity, if possible, in connection with a Catholic hospital such as ours, where any medical students or pupil midwives that might desire to be trained therein, could be educated in the art and practice of midwifery. Amongst the reasons for which I think that this would be desirable are these—firstly, the benefits that would be conferred by the proposed maternity on the poor, in the new, large, and in many places thickly populated districts which have of late years sprung up in every direction around the hospital, by having obstetric assistance available therefor for the wives of the labouring and artisan classes, who reside in these districts. In many instances these poor women do not like to leave their homes at the time of their confinement, so, by remaining at home, they are still able to exercise some useful control and supervision over their families.

1873. Are not externs, as a rule, placed at some disadvantage, as regards medical care, compared with intern patients?—In ordinary cases of natural labour, patients generally speaking, only require such care as could be provided from a properly conducted extern maternity charity. And at times when epidemic puerperal disease may be prevalent, they are, I think better off, or safer at home than they could be in any large lying-in hospital however well managed as I am sure the existing hospitals of this class are, so far as the care of their patients is concerned. Secondly,—the proposed maternity would afford our students opportunities of obtaining direct instruction in obstetric medicine, in some degree similar to those they have, now, in this hospital for acquiring a thorough knowledge of medical and surgical practice. There are other reasons, such as the persistent exclusion of Roman Catholic medical men from the appointment of master in the principal lying-in hospital receiving a Parliamentary grant, which I might adduce, showing the desirability of the proposed maternity. But I shall refrain from occupying the time of the Commissioners by dwelling further on these reasons, and shall merely repeat, that in my opinion a ward, or two if the circumstances of the hospital would permit of it, for lying-in patients in the Mater Misericordie Hospital, together with a larger extern maternity depart-

ment, would afford advantages both for the poor who require such assistance, and for the clinical instruction of our students.

1874. Upon what plan would you propose to carry on the working of this department?—The bulk of the patients might be attended at a very small cost in their own homes by the senior students of the hospital, assisted by experienced midwives, and under the supervision and direction of an obstetric physician. The intern maternity department could then be reserved for those patients whose circumstances precluded their being advantageously confined in their own homes, or whose cases presented exceptional difficulties, and were beyond the ordinary capabilities of senior students and midwives. In what I have said I have merely attempted to represent to the Commissioners the views of the Medical Board of the hospital on this point. And though I am in no way specially authorised to speak on this matter on behalf of the Sisters of Mercy, who have founded and have admirably managed this great institution, yet I think I may venture to say that, if it be possible for them to further the extension of the benefits of the hospital in this direction, they would willingly afford any facilities in their power for the purpose. I would, therefore, presume, on the grounds I have already stated, as well as on very many others which have been laid before the Commissioners by my colleagues, Dr. Nixon and Mr. Hayes, to submit the expediency and the justice of the authorities of the Mater Misericordie being now offered a large participation in whatever aid from the public funds may be afforded the medical charities of Dublin.

1875. With regard to the comparative mortality, is it not the case that patients treated in hospital are more likely to present some critical features?—Yes, and that ought to be discounted from the mortality I stated.

1876. Mr. ARMITAGE.—Do you think that, having regard to the close proximity of the Rotunda to the Mater, there is a requirement for a maternity department such as you describe there?—I think so. I have served the office of assistant master in the Rotunda—I lived there for three years, and I think I know all about the place tolerably well. With that experience, I have no hesitation in saying that there is a large district extending from the Mater Hospital to Phibsborough, Drumcondra, down Jervis-road, and to the south of the Liffey, which is practically beyond the reach of assistance from the Rotunda in ordinary cases.

1877. Sir RICHARD MARTIN.—Is it your opinion that the midwives of Dublin are pretty well qualified—the ordinary run of midwives?—I think they are well trained as a rule. They are better trained here, than in England.

1878. And where do they get that training?—They are trained in the Coombe, in the Rotunda, and in Dr. D's.

1879. But we heard in evidence yesterday, I think, that in the Coombe there were only six midwives who got certificates there last year?—Well, that is a very small number in comparison to what it used to be. I do not know what the recent statistics of the Coombe are, but the number used to be greater than that. The midwives are very fairly trained, but there are special reasons, I think, why Catholic midwives should be trained in a Catholic institution—I do not suppose I need enter upon them, but there are such reasons which I am prepared to state if desired.

1880. How many beds have you in the obstetric department of the Mater now?—The ward devoted to diseases of women contains only six or seven patients at the present moment. The accommodation of the hospital does not permit of a larger supply of beds, and it is one of the pressing wants of the hospital, those diseases having become of greater clinical importance than formerly.

2981. How many beds would you consider it necessary to have allocated for the diseases of women and those midwifery cases?—Those two should be considered in a separate category. For the diseases of women I should say there ought to be from twenty to twenty-five beds, in proportion to the proposed increase of the hospital, and ten or twelve midwifery beds would be sufficient for the work in conjunction with an extern maternity department.

2982. If you had ten or twelve beds devoted to the midwifery cases, how many nurses or midwives would you be able to educate?—Those women would be mainly educated, sir, in the extern maternity department of the hospital. The intern cases would be but a small proportion. The nurses should be educated first by a systematic course of lectures, see a few cases in the hospital, and then be sent out, a junior with a sister midwife, to see a case of labour. A woman would be more thoroughly trained in that way than by standing with ten or twelve others, lookers on, at a delivery in the hospital.

2983. Mr. HERRICK.—Do you take venereal cases into the Mater?—We treat them in the dispensary; for instance, I treated some of these cases this morning in the extern department.

2984. But you don't take these patients into the wards?—No, we don't take them in as a rule. I think it would be unfair to ask the Sisters of Mercy to undertake attendance upon those cases.

2985. Mr. KENNEDY.—But it was stated here yesterday or the day before that the Lock Hospital, whose governors have positively refused to allow of clinical instruction being given there, would expect that instruction to be given in the general hospitals. I asked "Do you repudiate doing the work yourselves with all the facilities you possess, and desire to expose the general hospitals to the risk of undertaking it," and they said "Yes"; and I asked "Why," to which the reply was "Because there is no other means of educating the pupils that branch of disease." Now I would ask you, Dr. MORE MADDEN, to say, seeing that there is no opportunity of clinical instruction in the Lock or in the general hospitals in venereal disease, where is a student studying medicine in our Dublin school to gain that knowledge?—There is, I am aware, a lamentable ignorance of those diseases arising largely from the fact that senior students have no opportunity at present of receiving clinical instruction in them.

2986. And do you not find that that ignorance prevails even when men go out to practice their profession?—Yes, I have seen several instances of the mistaken diagnosis of such cases.

2987. As you are here, Dr. Madden, I will ask you one or two questions with regard to our lying-in hospitals; you stated that you yourself served the office of assistant master, and would have been anxious to become master, of one of these institutions?—Yes.

2988. It was stated here yesterday by the Master of the Coombe Hospital that he finds a great difficulty in discovering any Roman Catholic practitioner willing to take the position of an assistant master?—Well, sir, that is not my experience.

2989. Nor mine; but when I pressed him he said that if I knew any Roman Catholic who is willing to take the office I might send him to him and he would treat with him; but I ask you now as a matter of fact is it in your opinion impossible to find a Roman Catholic practitioner of sufficient eminence to go forward and accept such an office as that of assistant master of the

Coombe Hospital?—I would say not, sir, but I think it is very possible that there are times when Roman Catholics may not have money to buy those offices, as they are sold in both the Dublin maternity hospitals. I myself bought the position of assistant master in the Rotunda Lying-in Hospital, and I think it is a very lamentable thing that an office involving the care of the sick poor should be put up to be sold to the highest bidder. I think it is very regrettable that those offices should be bargained for in that manner at all—that any man can go out and insure that another man, no matter what his qualifications, will succeed him on payment of a sum of money. It is, in my opinion, a system that should be abolished root and branch.

2990. You are aware, however, that the late Sir DOMINGO CORRIGAN held the very opposite opinion on the question of purchase?—Yes, his opinion on any point was well entitled to the greatest consideration. I have a vague recollection that he did, but I have not read his evidence for a long time.

2991. But other things being equal do you think that a man paying 150 or 200 guineas for such a post, if the money so paid went to the hospital and not to any individual, that that would be an insuperable barrier?—Certainly not. I paid 300 guineas myself to become assistant master at the Rotunda many years ago. In some instances however such payments have weighed very heavily on men of small means; for instance, I have been informed of one case, in which at a time when competition for this office was great, a candidate paid £500 to get the post. He was a young and a struggling man; the debt he thus incurred weighed him down so much in after life, that he never got over it.

2992. But your opinion is that, purchase or no purchase, there are always in that branch of the profession in Dublin, Roman Catholics quite capable of filling the office?—I think the supply is too large in the city of Dublin. There is no lack of very competent and highly qualified Dublin practitioners ready to take any office.

2993. Roman Catholics you mean?—Yes, Catholics.

2994. Mr. ARDENSON.—Do you think that state of things existed say ten or fifteen years ago?—I recollect that time very well myself, and I am sure that it did.

2995. Mr. KENNEDY.—You can speak from your own knowledge for that length of time?—Indeed I can.

2996. The CHAIRMAN.—I want to ask—do you think that that question of purchase had any effect in excluding Catholics in the past?—I don't know that it was even that which had the effect of excluding Catholics. Take a Catholic and a Protestant with the same amount of money at the present day, even if the Catholic had any amount of qualification and the Protestant little or none, the former would have no more chance of being appointed Master of the Rotunda than I have of becoming Lord Chancellor of Ireland. No amount of qualification would enable a Catholic candidate to surmount the barrier of religion; and let me say I do not so much blame the present Board of Governors as that system that has been handed down to them; and it is my conviction that many of them would be willing to co-operate in getting rid of what is really a blot on our great hospital system, and of bringing about a state of affairs which would dispense with the necessity for its compulsory reform.

The Commissioners adjourned till Saturday at half-past twelve o'clock.

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Dr. Thomas  
More Madden,  
F.R.C.S., Edin.,  
&c.

SATURDAY, 21ST NOVEMBER, 1885.

Nov. 21, 1885.

The Commission met in the Privy Council Chamber, Dublin Castle, at half-past twelve o'clock.

PRESENT:—SIR ROWLAND BLUNKERSHAW, Bart., D.L., Chairman (presiding); SIR RICHARD MARTIN, Bart., D.L., MR. THOMAS MAXWELL HUTTON, J.P., MR. CHARLES KENNEDY, J.P., MR. ROBERT W. ARBUTHNOT HOLMES, MR. RICHARD OWEN ARMSTRONG, J.P., and MR. J. P. O'BRIEN, T.C.

The Secretary (Dr. MYLES) was in attendance.

The Secretary having read the minutes of the previous day's proceedings, which were confirmed, witnesses were examined with regard to Jervis-street Hospital.

Mr. Edward Thomas Stapleton examined by the CHAIRMAN.

Mr. Edward  
Thomas  
Stapleton.

2997. I believe, Mr. Stapleton, you are one of the Governors of Jervis-street Hospital?—Yes, I have been so for many years.

2998. Will you tell me how the Governors are appointed?—They are appointed every January.

2999. Is there any qualification for a Governor?—Yes, the payment of £2 2s. 6d. a year, or of £18 13s. 3d., being twenty pounds high, makes a £50 Governor, but the payment of the two guineas a year is the usual subscription.

3000. Would you say Jervis-street Hospital is used for the purpose of medical education?—It has been, and is at present.

3001. But I see that the number of students on the books who have been receiving instruction there during the last three years is only twenty-five. What is the explanation of that?—The number is necessarily limited in consequence of our hospital being in progress of rebuilding. The medical staff will be prepared to give evidence on that subject.

3002. Your grant is £50 a year?—It is £50 Irish, which is reduced by certain deductions made by the Government. It is reduced to £43 1s. 3d. The £50 is the amount of an old Irish grant of the 5th of George III.

3003. Have you considered the general question of the grants to the hospitals of Dublin?—Yes. So far as Jervis-street Hospital is concerned I think that we have a good claim to get a portion of these grants, and I will state the grounds on which I do so—first, the hospital is the oldest of the kind in Dublin. It was founded in 1718 with four beds, and the new institution has now accommodations for 120 beds; secondly, it is unsectarian and open at all hours for accidents and urgent cases; thirdly, that the hospital has the great advantage of being under the care of the Sisters of Mercy which produces economy in management, with increased comfort to the patients, and that the presence of these Sisters leads to order, regularity, and good discipline, and raises the moral tone of the institution; fourthly, the hospital being situated in the midst of a densely populated district, comprising the quays, the river, the termini and goods stations of most of the principal railways, and also embracing the largest city district of any Dublin hospital, is best suited to receive the accidents occurring on the north side of the city—which in fact are brought to the hospital; fifth, in addition to the intern patients a large dispensary is worked numbering 50,000 per annum—about one-fifth being cases of accidents; sixth, the upper wards, from their height from the street, are peculiarly suited for fever and contagious diseases; seventh, Jervis-street Hospital has done good work in the past both with regard to the sick poor and as a teaching school, and with its increased number of beds, its situation and the number of accidents it is sure to attract larger classes in the future; eighth, the hospital is capable of containing 100 beds more than its funds are capable of supporting; ninth, a large saving would accrue from the amalgamation of the House of Industry

and Jervis-street equal to about 100 beds—I can show upon what figures I have based that calculation; tenth, it would be a misapplication of public money to build another large hospital in the city, so there are a sufficient number at present for the requirements of the sick poor.

3004. Do you think that some of the existing Dublin hospitals might be suppressed?—With regard to the House of Industry Hospital, which at present has a large grant, I believe that its patients are to a great extent composed of inmates of the North Dublin Union Workhouse. Now, I don't consider that that is a proper application of a grant given to an hospital. I think that here where you find a grant given to the House of Industry Hospital, which is not in a densely populated district, but one in which there are other hospitals situated and ready to take these patients—that there might be an amalgamation; and there might be an amalgamation between Jervis-street and Stevens' Hospital too. I have made my calculations as to what our cost of supporting 200 beds would be, and I bring it down to £38 odd per bed. I find that £8,000 a year would support 200 beds in our hospital. Looking to the House of Industry Hospital I find that they only support 150 beds on their grant—that grant being £7,400. This would be a saving of the cost of fifty beds. If the remaining £1,400 be divided by 30 (£39 being the maximum of our cost per bed), it would give 47 more. There would be a saving thereby of public money to the extent of the cost of 97 beds.

3005. Do you wish to say anything more upon that point before you leave it?—No.

3006. Are the Sisters in Jervis-street Hospital Sisters of Mercy?—Yes, they have been attending there since 1854.

3007. Are they paid for their services?—They were paid until this present year, but they now give their services gratuitously—we taking on the servants and supporting them, by which there is a saving to the Institution of about £140 per annum.

3008. Mr. KENNEDY.—Although the Sisters were paid up to within the last year they invariably found the servants free, so that they practically did not get anything themselves.

3009. The CHAIRMAN.—My object in asking you to get the amount of the expenses—I would wish to explain why our cost per bed at present appears to be so extremely high. The cause of it is this—the cost of our beds at the present moment is £70 13s. 6d. That arises, I take it, from four reasons—first of all the heavy head rents we have to pay—£225 a year, which is equal to £13 a bed. We have also a large dispensary in which is included the medical and surgical necessities and medicine. We calculate that half the amount which is spent in the Hospital—£381, and which is at present charged against the beds, should be chargeable against the dispensary. The third point is that we feed our patients extremely well; and the fourth is that our cost for management is great,



because we have only twenty-five beds—whereas our hospital will be capable of containing 150. I find that with 25 beds additional the expenditure per bed would be removed £47; with 75 beds the expenditure would be £38 12s. 6d. per bed; and with 100 beds it would be only £35 18s. 4d., while with 200 we would be able to maintain each bed at a cost of £28 9s. 8d.

3010. Of course that would be much less than any hospital does at present?—In calculating that I have allowed for nurses and wardmaids according to the increase in the number of beds. We have one very great advantage in our hospital and that is that our wards are large and are in one block. It is a great saving where wards are not cut up into different rooms, and also are not in different parts of the ground as they are in other hospitals. With regard to the diet, if cost is to be taken as an index, our patients are well fed. I refer to a calculation I have made showing the respective cost in Stevens' Hospital, the Meath, the House of Industry Hospitals, and Jervis-street Hospital. I find that provisions, groceries, wines, whiskey, ale, &c., in Stevens' comes to £1,965 6s. 8d., which divided by the working number of beds in that institution would be £20 12s. 7d. per bed. In the Meath Hospital those items come to £1,192 7s. 4d., which divided by 83, their working number of beds, would be £14 7s. 4d. In the House of Industry they have 100 beds. The amount for their provisions, groceries, wines, whiskey, ale, &c., is £1,898 9s. 0d. That divided by 150—the number of the beds—leaves it at the low figure of £11 6s. 6d. per bed. In Jervis-street, where we have 25 beds, the same articles cost us £114 5s. 2d. per bed, which is the lowest of the four hospitals, with the exception of the House of Industry—and the difference with regard to that hospital I think I can easily explain. The explanation is to be found by referring to three articles of consumption, viz., milk, meat, and bread. With regard to milk the House of Industry's contract is eight pence for pure good milk; ours is fourteen pence. We don't believe that good milk can be purchased at such a price as eight pence per gallon, the difference in that item alone would, having regard to the number of beds, be £42, which would support two additional beds if we gave the same milk as the House of Industry does. As regards meat the average price of the meat in the House of Industry is about seven pence per pound. In our hospital it is eight pence or nine pence. Suppose I take the highest price of their meat at seven pence and the highest price of ours at nine pence—in that item alone if we adopted their prices we would be able to effect a saving of £28, which would be the cost of a bed and a half nearly. Then with regard to bread. We get the best bread with a discount off of 1s. 6d. Taking eighty loaves to cost £1 1s. 8d. the discount off would be 1s. 8d. They get their bread at 2s. 4d., which would be 16s. 8d. between the price of our bread without the discount, and the price at which they get their bread there would be a difference of 4s. 10d.—which is 24 per cent. When I first joined Jervis-street Hospital many years ago our contract was on a percentage off the amount of the account—20 per cent. We found that we had frequent complaints, that second bread was constantly sent in to us—sour bread. We were then obliged to make a change to the present system—I believe we were the first institution which adopted it—namely getting the best bread at current price, and taking a discount off. We find that to work very well.

3011. I see the average cost per bed for maintenance in the Mater Misericordiae Hospital is £16 2s. 7d. They feed their patients very well there, don't they?—They do extremely well, I should say better than in any other hospital in town.

3012. There is a difference between the cost in your hospital and theirs?—Ours at present is principally an accident hospital, and I think that we too have a more expensive management than they have. With regard to the item of medical and surgical necessities, I find that in Stevens' Hospital the cost per bed is

£7 4s. in the Meath Hospital, £3 15s. 9d. in the House of Industry Hospital, £4 13s., while in Jervis-street Hospital, £11 5s. 2d.; so that our accidents and our dispensary will account in a great measure for the cost of our beds being over the Mater Misericordiae or the St. Vincent's Hospitals. But we are £3 per bed lower than the City of Dublin Hospital, and £2 per bed lower than Mercer's Hospital.

3013. How the nursing in your hospital given general satisfaction?—It has.

3014. Do the Sisters of Mercy nurse at night?—No. There are night nurses in the hospital for the purpose.

3015. Where do you get them from?—They are selected generally by the Sisters, subject to the approval of the Committee.

3016. But have these nurses been trained regularly before their appointment?—No, except what training they may get in the wards.

3017. Could you tell me how many of the accident cases which you have had for instance for the last year, were detained in hospital?—All the urgent cases which present themselves are always detained, provided we have accommodation for them—but there are a great number of minor cases which go to the dispensary—cases which are merely dressed there, and are then sent out. The number of intern patients in our hospital was about 620.

3018. Are most of them accidents?—Most of them are accidents.

3019. Could you tell me what proportion would be accidents?—One of the medical staff will, I am sure, be able to give you the exact figures.

3020. Would you desire to say anything more?—I would wish to speak of the unsectarian management of our hospital. I have been on the Managing Committee since the year 1842. During that time we have had twenty-five elections of doctors. There have been sixteen Roman Catholics, and nine Protestants appointed, which shows that we have acted with a liberality which other hospitals have not exhibited.

3021. Are there any religious services in the hospital?—There is a chapel for the use of the Sisters, and the Catholic patients also frequent it. There is no interference whatever with a patient's religion. I have never known a case of it since I have become connected with the hospital. The house is perfectly open at all times for the admission of the Protestant clergymen as the Rev. Dr. Monahan and Rev. Dr. Gibson have so testified. Dr. Monahan is rector of the parish, and Dr. Gibson is also connected with it. They both come forward at our public meetings to testify to their ready admission at all times into the hospital. I should also state that at one of our last public meetings, Alderman Harris came forward and referred to the manner in which persons of his persuasion have been treated in the hospital, and the absolute non-interference with their religion. The well-known Presbyterian clergyman, the late Dr. Kirkpatrick, and Mr. Magee were also connected with the hospital, and they also mentioned that they had free access to it. When people are brought into the hospital in a dying state, their religion is ascertained, and no matter what persuasion they belong to, their clergymen are immediately sent for.

3022. Are any member of your resident populi Trinity men?—That I cannot say.

3023. Mr. Ansellman.—By whom is your working staff selected?—The officers—the medical men—

3024. I mean the lower class?—They are selected by the Sisters subject to the approbation of the committee.

3025. How is your medical staff appointed?—By ballot.

3026. Who are the parties to ballot?—The governors at large.

3027. What fees do your pupils pay?—I think it is twelve guineas for the winter and six guineas for the summer session—I cannot state it positively—but I think these are the fees. They go to the medical staff

8th St. 1845.  
Mr. Edward  
Thomas  
Stephens

Nov. 24, 1884.  
 Mr. Edward  
 Thomas  
 Registrar

—they do not go to the hospital—we have nothing to say to them.

3028. What is your system with regard to contracts?—We advertise for contracts and we select the contractors who we consider will serve us best. If we find that a man has been serving us well we seldom change him unless there is a great difference in the price.

3029. Do you keep a book in the institution in which the complaints of patients and others are entered?—I cannot say.

3030. What is the estimated cost of the hospital as it stands now?—I can give it to you. The cost up to the present moment is about £55,000—and that money was expended thus—we had to pay for premises in Jervis-street £2,354 19s. 6d. and for the fee of old hospital which we purchased £1,550. That makes £3,884 19s. 6d. Alterations, surveyor's fees, removal of buildings, and getting in concrete foundations, &c., £3,371 12s. 8d. As it was decided to pull down the whole of the old hospital except a very small part at the back, we had to pay for the Presbyterian church which was next to us—and which is used as a temporary hospital—£3,405 3s., that included the expense of investigating title; the salary of the Clerk of Works, putting in the remainder of the foundations—converting the church into an hospital theatre, bath rooms, &c., amounted to £2,519 14s. 7d., making a total of £11,581 9s. 7d. The architect's fees amounted to £1,719 2s. 11d.; contractors £17,250; boiler £25; hoisting apparatus £350; lift £480; and incidentals £31 18s. 6d., making a total of £31,717 10s. up to the 31st December, 1884. Since that date we have spent £5,700, and we are indebted about £652—up to the 30th September.

3031. Mr. KNEST.—But you are still largely indebted on the contract?—Oh, yes. It will take about £16,000 to complete our hospital fully and to equip our wards.

3032. Mr. ARMSTRONG.—I have been looking over the list of attendances of your committee. I would like to have the view of a gentleman like you who has given the matter a good deal of attention. Do you think the attendances are satisfactory as a whole?—We have generally an average of five, but when there is anything of importance we have generally an attendance of ten or twelve members.

3033. Would you approve of the principle of non-attendance being a ground for disqualification for governorship?—I do not, sir. I should state my reason, I think it is very hard to get a number of gentlemen to attend continuously when they are not paid and the public ought to be very grateful to those who come to the hospital and give their time gratuitously.

3034. What I want to convey is this—whether non-attendance by a director or governor—I will say non-attendance for a year—should de facto deprive him of his position as governor and make a vacancy in favour of some gentleman who would be more likely to attend?—With regard to our hospital the managing committee are elected every year. In other hospitals I should say where a man is a permanent director, if he did not attend for a year that should be a disqualification.

Mr. ARMSTRONG.—That answers my question.

3035. Sir RICHARD MARTIN.—Do you train nurses in Jervis-street Hospital?—No.

3036. Do you think that we want some trained nurses in Dublin?—It would be most advisable if we could have them—the want is very much required in all the hospitals in Dublin. Not only are trained nurses required for the hospitals, but also by the public. There is a great difficulty in persons being able to get nurses—I mean the public, when they require them for persons laid up with fever, small-pox, or other illness—it is almost impossible to get what we may call a qualified nurse. I know that in Liverpool and Birmingham they have training estab-

lishments, and some of my own relatives have had trained nurses there. I have derived great instruction from speaking to them. They seemed to thoroughly understand their business. I think it would be very advantageous if we could get such nurses to attend here in Dublin.

3037. Do you think it would be desirable if a system were adopted by which certificates would be given to nurses from your hospital—that they were perfectly qualified—and thus encourage them to attain proficiency?—Most undoubtedly.

3038. With regard to the selection of your medical staff, do you think it is desirable to leave the choice in the hands of the governors generally, or would you think it better to have it in the charge of the managing committee coupled with the medical staff?—I think the system we have at present in Jervis-street Hospital is about the best system in Dublin, and I think it is about as good a system as you could possibly adopt. I will explain it. When there is a vacancy we have purchases in our hospital, and that purchase is regulated. A doctor cannot receive more than a certain sum—that is the outgoing man receives from the incoming £300, and the incoming man also pays £200 towards the charity.

3039. The CHAIRMAN.—That is £500 altogether?—Yes, £500. That, I may say, has been the habit during the whole time since I became connected with the hospital. We have found it to work extremely well. Now, as far as regards the selection of the medical men, whenever a vacancy occurs whoever chooses to present himself to the committee does not currow their support unless he has been accepted by the medical staff, and if he is accepted by the medical staff he is accepted by the committee—if there is nothing to warrant their disapproval. By that means we get a good man into the institution, and we get one who is likely to pull with the staff and pull with the committee. And I look upon harmony in an institution of this kind as a matter of great importance.

3040. Sir RICHARD MARTIN.—Practically the managing committee in the first instance review the merits of the candidate before he goes to election—and then there is nothing to prevent any person who is dissatisfied with the arrangements made by the committee and by the medical staff afterwards going forward to the governors and asking to be elected?—Yes. We had lately on two occasions contested elections. One other great advantage of our present system, I consider, is this, that it prevents contested elections. I need not tell you that a contested election brings in very warring elements into an hospital where peace and brotherly love ought to exist. As I have stated before, there have been twenty-five elections since I have been connected with the hospital—that is more than an average of an election every two years. I consider it would be very detrimental to such an institution as ours to have contested elections.

3041. Am I right in supposing that practically the general body of governors select or vote for the candidate recommended by the managing committee?—They almost invariably do, for they have confidence in them. It may be contended that the purchase system is a bad one, but regulated as ours is, the charity benefits by it, and I don't think it prevents any person coming forward for the purpose of being elected. I think we are much more likely to get a proper person as a doctor for the institution than by leaving it always to public competition, because I need not tell the gentlemen who compose this Commission that it is not always the best man who is selected by the public at large—social influence, religious influence, and every other influence that can possibly be used is brought to bear upon the different electors, and then it is the doctor who has the greatest number of friends who will be elected. He may happen to be the best or he may happen to be the worst of two or three candidates. Therefore I consider that the system which we adopt is the best that exists in any hospital in Dublin.

3042. Mr. HURROV.—You have been speaking of the feeling created by contested elections—I have been present at one there. Is not it, practically speaking, to bring in money you giving the governors the election—because, although they nominally have a voice in the matter, the governors vote almost as the managing committee advise?—They would, sir, and I think rightly so; because I think that anybody seeing the members of the committee taking a great interest in the hospital would have confidence in the person that they selected and would vote for him.

3043. That is exactly the view I take; but, practically speaking, the giving to the governors any selection at all is with the object, of course, of bringing in money?—No, it is under our charter. The persons paying the money have the right under our charter of voting. Any person paying £20, Irish, is a governor for life, and any person paying two guineas has a right to act as a governor for a year.

3044. But let me understand—does the charter empower the governors to elect the medical men?—Certainly so.

3045. Now, about your class of pupils—can you give me any idea of what the number of your pupils was before the alteration in the hospital?—I recollect when there were over seventy pupils, and I recollect that the fees amounted some years to £120 to each of the medical men.

3046. What arrangements do you make for the completion of their medical education—you have no reference cases in your hospital. Do you, for instance, send your pupils to the fever hospital?—They have to attend the fever hospital.

3047. Do you pay for them there?—The committee have nothing to say to the fees.

3048. In Mercer's Hospital it was stated there were three guineas paid to the fever hospital to finish the education of the pupils. Of course your pupils could not be considered to have finished their education until they have attended fever cases, and you don't supply that instruction?—No; and, besides that, a young man who goes in for his diploma is obliged to attend midwifery cases, and in the same way he must attend fever cases likewise.

3049. Then the fees that he would pay would be extra to the twelve guineas?—I don't know what the general arrangement is; I know it is twelve guineas for the winter session, and six guineas for the summer session.

Mr. KIRKNEY.—I don't think that I have any question to ask Mr. Stapleton.

3050. Mr. HOLMES.—I see, Mr. Stapleton, that the income of Jervis-street Hospital in 1855 was £290, as given in the return annexed to the Report of 1854 of the Select Committee of the House of Commons?—Yes.

3051. And I see by the paper which our secretary, Dr. Myles, prepared that the income now is £6,052—are these figures correct?—Well, you see we are obliged to return as income the amount received as subscriptions to our building fund—but our subscriptions, what I may call our steady subscriptions, and upon which we rely, are about £500 or £600 a year. Our stationary income, as I may call it, is about £1,200 a year at present.

3052. One thousand five hundred pounds?—Yes, £1,500 a year at present.

3053. That is your total income?—Yes.

3054. Then the £6,052 represents subscriptions given for special purposes?—Yes.

3055. Then your income has increased £690 since 1855?—Yes; it had increased considerably more, because we have spent about £19,000 of our capital in the rebuilding the institution.

3056. But, prior to that expenditure, what was your income?—Probably about £1,000 a year, sir.

3057. Supposing you were to share in this Parliamentary grant, would you say there would be a corresponding falling off in the voluntary subscriptions?—Well, such is the tendency where an hospital

receives a public grant. Any hospitals receiving a public grant are not looked on with much favour by the public, or by certain sections of the public who subscribe to hospitals.

3058. Would you then be in favour of the public grant being withdrawn altogether, or its being continued in its present form or in a capitalised shape and redistributed?—I should not wish to see it capitalised. I think it would be much better if the grant was divided amongst the hospitals, and I think that Jervis-street Hospital, from the figures I have given you, would be entitled to a very large share of it on account of the accidents received there. I already mentioned that our hospital is situated in a very thickly populated district—embracing the quays, and all that quarter from which we have a very large number of accidents come in to us. We are, if I may say it, one of the active charities of Dublin. All the accidents on the north side are brought into our hospital—at least ninety per cent. of them.

3059. Then I understand that you are in favour of the annual grant being continued, and of their being a redistribution of it?—Certainly.

3060. Well, if there were a redistribution of it would not you say it should be on the principle of payment by results?—I am afraid, sir, that would be—

3061. Don't you think that the mistake which was made by Dr. Smith's committee was in co-mingling certain hospitals which should receive certain specific grants?—As I said before, the tendency would be, if an hospital were supported by Government, that the public would be inclined to bestow their charity upon hospitals which are not so favoured, simply because one hospital is more or less provided for and the other is not.

3062. Do you think if the grant made in 1850 were withdrawn altogether the public would make it up?—I think not, sir; we could not keep our hospital open were it not for the charitable bequests. Our subscriptions are only £500 or £600 a year, and these would not keep the hospital open. I can give you the particulars of our income, and you will see that it is derived largely from bequests. We, as well as twelve other charities in Dublin, received from Egan's trusts £408, a year. Our Government grant is a pittance of £45; we receive from the Netterville charities £108—from the Corporation £200, and from a legacy left us the other day by Mr. Blayney of £120 a year. We receive something trifling from house property which brings up our income to £1,505 a year.

3063. In the matter of hospital support, why should Dublin, which is the capital of Ireland, be behind such cities as Edinburgh and London?—I think it arises from the poverty of our country.

3064. Do you not think that if the people were properly appealed to they would come forward with sufficient subscriptions?—Well, I can say this—from being connected with several of the Dublin charities—that I don't think there is any city, having regard to its financial position, whose inhabitants put their hands more deeply into their pockets for charity than the Dublin people do.

3065. Would you say that the withdrawal of the Government grant would be fatal to the interests of the sick poor in Dublin?—I would look upon it as a great misfortune if such a thing should occur. It would be far better that the grant should remain with all the failings in its administration than that it should be withdrawn.

3066. Well, if it were not withdrawn upon what principle would you say it should be redistributed?—Well, I think according to the good done by, and the exigencies of, the different hospitals.

3067. That is, in other words, it would be on the principle of payment by results—every hospital which fulfilled the conditions would receive in proportion to the manner in which they fulfilled these conditions?—Pardon me—when you were speaking of payment by results I misunderstood you—I thought you were

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speaking of results by subscriptions. I think the fairest possible way would be that hospitals should get their proportion of the grant according to the results—upon showing what good they had done and what they were able to do.

3073. Don't you think the good of the grant would be minimised to a great extent owing to its being frittered away by the number of small hospitals which would parakeet it?—Certainly. I think it should be given to three or four of the leading hospitals in town which were capable of doing the work.

3074. Then it would not be altogether on the principle of payment by results: you would exclude hospitals which had less than a certain number of beds?—Certainly, and those who choose to support such hospitals having a small number of beds could do so—but these hospitals should look to private support. I think it would be a pity to fritter away the grant in small amounts, which would not in effect do any of the hospitals much good.

3075. Supposing that the grant were withdrawn, and that the sum was capitalised and the capital sum handed over to some public body in which the public had confidence—say the Corporation—would you prefer that the interest derivable from that sum should be expended as you would like to see the annual grant—namely, among a few of the leading hospitals in Dublin—or in building with it a large infirmary capable of containing say 500 beds—which would take the place of certain other hospitals?—I think it would be a great misapplication of the public funds to build a large hospital where there is at present, with some small outlay, sufficient accommodation for the requirements of Dublin. I think if that grant were given to the hospitals which are able to use it, and which can prove they can use it, it would be unnecessary to build a large hospital of the kind you mention. I calculate that taking our own hospital as an example—you could not build an hospital capable of supporting 500 or 600 beds—properly equip it, pay for the site and all the expenses attending it, for less than £100,000. That would be £4,000 a year capitalised at 4 per cent., and that would be £4,000 a year thrown away. Our building will cost £50,000 and we have only 120 beds. I say that at the very lowest calculation, and doing it in the cheapest way such an hospital as you suggest would cost £100,000.

3076. To what body would you entrust the redistribution of the Parliamentary grant?—I should prefer to see it done by the persons who have borne the evidence connected with the hospitals.

3077. I don't quite comprehend it.—By the present Commission. I would say that any scheme you would suggest on the subject would be the most suitable one to have adopted, because you will have all the elements before you for such a division before your Commission rises. In whatever body it was to be entrusted religious or political favoritism might exist, and this would be very undesirable in the distribution of a charitable grant.

3078. Mr. Annetson.—I wish to ask you one question as I set a very high value upon your opinion. As I understood you you suggested the grouping of your hospital with Stewards' Hospital?—I think the House of Industry Hospital might be done away with, and if we could get a sufficient portion of the grant we could take part of the medical staff; other portions of the grant to be given to either the Mater Misericordie or Stewards' Hospital, they taking the remainder of the staff.

3079. That was not what I understood you to mean by grouping. I thought you appeared to be in favour of grouping the House of Industry with Jervis-street.—The medical staff with Jervis-street and Stewards'.

3080. And also with Stewards'?—Yes.

3081. Then you would include the three in the group?—The reason I say these hospitals ought to be grouped is this—that it would be unfair towards the present medical staff of the House of Industry Hospital to put them aside, and they should be provided for. I think they could be well provided for

between the two hospitals—that is Stewards' Hospital and also our own.

3077. The CHAIRMAN.—Do you think that this system of purchase in Jervis-street Hospital works hardly upon poor medical men?—No, I do not. I think it would do so where the system of purchase is a huge one, but where there is an amount of purchase like ours, I don't think it could possibly interfere with any man. I think that any young man who has sufficient "go" in him for the purpose of advancing himself in life can have no difficulty whatever in obtaining from his friends £500. He merely puts £500 of it out at interest—because he gets it back in fees—he gets back when he is leaving the hospital, and he receives in fact a very high rate of interest on it which would enable him to secure his friends by insurance, and also to pay the interest on it. A man must pay something for getting such a stepping-stone into life as an hospital appointment, without which I think it is very well admitted that no medical man could get into extensive practice.

3078. Could you conceive a case in which a very deserving young man would be unable to find such a sum of money as £500?—My opinion would be that if his great talents have not been appreciated by the public—I don't see why the committee should be called upon to employ him for the benefit of the poor.

3079. Are the Sisters trained nurses—have they had a regular training?—I don't believe they are regularly trained nurses, but they have had a great deal of experience in one, two, or three hospitals. They have an hospital in Kingstown—the Mater, and our hospital. They are also I think in the North Union and in the South Union. They are changed about, and by that means they acquire a great deal of experience.

3080. And do they undertake every part of the duty of nurses?—They do. Probably there may be some cases where men are required to attend. My idea would be that once a Sister comes into an hospital that every class of case should be undertaken by her.

3081. I only want to know is it a fact that they do at the present moment?—Yes.

3082. Mr. Kasever.—With regard to the question of purchase in Jervis-street Hospital—I understood the Chairman to ask you whether you believed it is oppressive towards a young medical man to ask him to produce a sum of £500. Now, I ask you does it not require a young medical man, before he steps into the position of professional life a considerable sum of money to obtain his admission to it?—It does.

3083. And is it not a fair and reasonable thing to expect that his education should be paid for by that young man?—Certainly.

3084. Do you believe that his entrance into an hospital enlarges the sphere within which he can obtain medical knowledge?—Not only that, but he has no chance of proceeding to any kind of a large practice without entering an hospital or without entering some public institution where he will have practice.

3085. In other words you believe it is of large professional as well as monetary importance to him—even if he had to pay the whole £500 to get into such an institution as Jervis-street Hospital?—Undoubtedly.

3086. Do you believe the patients frequenting that hospital or the governors supporting that hospital should be asked to contribute to the support of that young man any more than that they should be asked to give him his education?—Certainly not.

3087. Then you believe that considering the advantages he derives from his education and the enormous advantage he derives from fees, amounting to something like 20 per cent. or 30 per cent. on his money—there is no practical injustice done to any person who contributes that sum, especially when one sees that sum applied in the manner in which it is applied in Jervis-street Hospital?—I don't think that any man would hesitate for a moment to pay the amount having regard to the very great advantages he derives from it.

3088. The CHAIRMAN.—All the money does not go

to the hospital?—No.—£300 go to the outgoing surgeon, and £300 to the hospital.

3093. Mr. KENNEDY.—In fact a man can only lose £300, and if he is any time in the hospital he gets it back in fees?—Yes. There has been a large sum brought into the hospital in that way. There have been twenty-five elections since I have been there—

and each medical man paid that sum. Some of them paid far larger sums—I remember Mr. Benson paid £600. We had a death vacancy and there was £500 paid in—so that the system is of very great advantage to the institution.—£300 is not a very large sum for a man to pay having regard to the experience he has acquired by becoming an hospital surgeon.

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Mr. Edward Thomas Stapleton.

Dr. S. M. MacBride, F.R.C.S.P., M.R.C.S.E., examined by the CHAIRMAN.

Dr. S. M. MacBride,  
F.R.C.S.P.,  
M.R.C.S.E.

3090. You are Physician to this hospital?—I am one of the Physicians to this hospital.

3091. And you heard the evidence of Mr. Stapleton?—Some of it only.

3092. Do you wish to add anything to what you heard of it?—I am quite prepared to answer any specific questions which the Commission may wish to put to me with regard to the hospital.

3093. Can you give me a general notion of the percentage of accidents in your hospital?—That information will be communicated to you by one of the surgeons. The physician does not deal with the accidents.

3094. What proportion of the patients do you deal with there?—You see for the last seven years the hospital has been in a state of transition, and almost kept open merely for the urgent cases of accident. Accordingly, for the last seven years I can form no opinion whatsoever as to the general amount of medical and surgical work done by Jervis-street Hospital. Taking the last seven years, during which time the hospital was being rebuilt, we kept two or three wards open for the reception of accidents and for urgent medical cases.

3095. Mr. ARMSTRONG.—Is there a lock ward connected with your hospital?—No, we do not at present receive the class of patients into Jervis-street Hospital that are received into the Lock Hospital, but I should ask permission to say that perhaps your object would be better attained if you asked me what work it is contemplated shall be done by re-building Jervis-street Hospital. We are starting now—

3096. We had that from the last witness?—Well, that part of the evidence I can give—as to the various phases of medical and surgical work that will be done by the new hospital. The old hospital is a thing of the past, and whether they received fever or lock cases, or any other class of cases into it does not bear on the present inquiry in the least.

3097. Mr. O'BRIEN.—Do you approve of the system of purchase?—I do not approve of the system of purchase, but if you refer to the particular arrangement which takes place in Jervis-street Hospital I should like to explain. If that be a system of purchase at all, it is the system that of all others that I ever heard of is the least open to objection. It is a small sum of money—it is a fixed sum of money which is given—and nearly half of it is given in charity. The other portion is returned to the person depositing it, and he obtains good interest on it. It never fluctuates—it never fluctuates during my time of twenty-five years—and it is not in the least degree a detriment to candidates.

3098. Are there not many candidates who are not able to raise that sum of money?—I think not. I never knew of one.

3099. But if a candidate was not in a position to raise that money he would not go forward?—I can only say that I never knew an instance in which it deterred a competent poor man from coming forward.

3100. But you would not call him a poor man when he is able to raise £300?—I think so.

3101. Are there not many young men in the profession not able to raise £300?—My experience is that it is not difficult for a physician or surgeon of ability who has confidence in himself, and in whom a class of the public have confidence, to obtain an advance of money. That is my personal experience.

3102. Mr. HERMON.—As regards your pupils—I asked Mr. Stapleton a question, and I will put the same question to you. In your time—I mean your former time—you never took in infectious cases into the hospital?—We were forbidden.

3103. To the pupils whom you take in, a course of attendance in fever cases would be necessary for the completion of their education; what steps were taken that your pupils should have that education?—In any instance where the examining body required a certificate that the candidate had attended fever cases we made an arrangement.

3104. With another hospital?—With Cork-street Hospital, so far as I recollect, to give that particular branch of medical knowledge.

3105. Well, did the pupil pay additional for that still, do you know?—I confess I am not quite prepared to answer that. I forget; but it is a temporary thing.

3106. I don't quite agree with you that it is a temporary thing?—I mean as regards the money. They don't care whether they pay these guineas or are made a present of it.

Mr. HERMON.—Well, your experience is different from mine.

3107. Mr. KENNEDY.—There is no doubt you will be able to obtain the necessary information from the medical registers. Supposing there was a twelve guinea fee paid to the staff for the education of a man, and that for that man it was found that a few certificates in required, the staff takes care that the money won't have to come out of the pocket of the pupil when he has already paid, but that they will on his part pay the other hospital such sum as will secure the certificate?—Well, I am not able to say that. I do not know whether it is the case or not.

3108. Now, with regard to the handicapping of skilled young men coming forward, without names, for a position on the staff of the hospital—I will put to you the question I addressed to a former witness—do you consider that any charity, when not supported by State funds, or bound out of its own funds, to contribute to the advancement in life of a man who has done nothing for that charity?—I cannot conceive any person supporting such a proposition as that.

3109. Taking the view that I have taken, and I believe I am as much against the system of indiscriminate purchase as any man here is—would you advise the governors of Jervis-street Hospital to cease the existing system of purchase unless there was a fund provided—first to compensate for vested interests, and second to advance men out of a fund different than the fund of the charity?—Would you let me answer your question this way. The existing system, so far as it touches the governing body of the hospital, places a sum of £300 to the credit of the charity. With the remaining £300 the charity has nothing to do. The outgoing man gets that money back. I think it is one of the fairest contributions that could be possibly asked from a man coming in under the circumstances to a metropolitan hospital, with all the advantages which a metropolitan hospital undoubtedly gives him. It is the fairest and most reasonable contribution imaginable to ask for.

3110. And you know, as a matter of fact, that that contribution goes to the support of the poor in the hospital, and not to any member of the medical staff?—It goes actually to the support of the hospital.

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Dr. M. M.  
MacDonnell,  
FRANCIS,  
M.D.

Mr. O'BRIEN.—I asked the question in general terms—not with regard to Jervis-street Hospital in particular.

3111. Mr. KENNEDY.—Well, I am asking because this witness speaks of Jervis-street Hospital. If you wish to put an abstract question to him you can do so.

3112. Mr. O'BRIEN.—With regard to the purchase system, has it not a most injurious effect on many young men rising in their profession, and have not many young medical men from time to time to leave this country because they cannot get anything to do here—just give me, in general terms, your opinion on the purchase system?—I do not approve of the purchase system.

3113. Has not it a most injurious effect, in many cases, on young men rising in their profession—men who are unable to raise this money, and who are obliged to go to India and elsewhere?—I am quite sure that a young man who cannot raise money is very much interfered with, but that does not seem to me to justify him in getting an appointment which equally competent men are willing to pay for with money. There are persons with plenty of money, capable of purchasing what they want, and persons without money must bear the consequences of it. I do not think there is any injury done that requires to be corrected, but I think it is an objectionable system. It sounds badly and looks badly, and I would like to see it removed from an institution with which I was connected, provided it did not tend to work injury to any one.

3114. Mr. KENNEDY.—Mr. O'Brien appears to agree with us in the abstract opinion that purchase should not prevail. But I will now ask your opinion in another form. Here a man gets back £300 out of his £600, and obtains 25 per cent. interest on the remaining £300, in which £300 besides he gains an enormous increase in educational power—do you believe that man should be allowed to get that great interest—that great professional position—without payment?—I do not think there is any injustice or any hardship done him in the very least degree. I know instances of what may be called poor men, who had not £100 in the world, and these men—it is notorious, and they would admit it themselves—have paid the money, and paid it cheerfully—that is to say, they have raised it and paid it cheerfully, and considered it perfectly just.

3115. Though you may not be acquainted very much with mercantile affairs, is it not pretty much like a young man starting in trade—he has a good

education, and has obtained a good reputation from his former employer. He goes to the bank and says, "I am starting in life—I want accommodation to the extent of my ability or character—£300 or £500." Have you ever known it more difficult for a young medical man to obtain money in the bank than for a young merchant to obtain it?—I have not. Oh, I say, there is no hardship in it at all.

3116. Sir RICHARD MARTIN.—As a matter of fact do you think that the purchase system in Jervis-street has produced you finer getting better men than you would have had if you had no purchase system?—I am as certain as I can be of anything of that character, that it has not.

3117. Mr. HOLMES.—Did you hear Mr. Stapleton's reply to some of my questions?—I did.

3118. Do you agree with him that the redistribution of the Parliamentary grant, either as an annual vote or as interest upon a capitalised sum, should be limited to a few large hospitals in Dublin, instead of being frittered away amongst a variety of small hospitals?—I think it should be divided among a few large hospitals.

3119. Would you also be in favour of the Corporation grant being confined to the same hospitals?—I have not considered that question, but I should not put a limit to the generosity of the Corporation. If they wished to subscribe to other hospitals I should not be disposed to fault them.

3120. Would you say that the effect of limiting the redistribution to a few large hospitals would interfere injuriously with the smaller hospitals which now partake of the grant but which would afterwards cease to do so?—I have no idea what the effect on them would be—their incomes would be of course deprived of so much per annum.

3121. Mr. KENNEDY.—When Mr. Holmes asks you to distinguish between the large hospitals and the small ones—may I ask you would you consider the Meath Hospital to come within the definition of a small hospital or a large one?—Oh, a large hospital.

3122. Do you consider Jervis-street Hospital would come within your definition of a large one?—I consider that it comes within the definition of a very large one.

3123. And Ruggist street?—A large hospital.

3124. What you mean by small hospitals would be an hospital like the Eye and Ear Hospital or the Orthopaedic Hospital—small institutions which did not deal with educational purposes or a large class of patients?—I did not use the word small hospital at all.

Dr. Anna  
Miles,  
FRANCIS,  
M.D.

Dr. Anna Miles, F.R.C.S., M.B.C.P.S., examined by the CHAIRMAN.

3125. You heard the evidence given here to day?—I did.

3126. Do you wish to add anything to it?—Yes, with regard to the purchase system, I do not think that the purchase system really exists in Jervis-street Hospital at all. It debars no medical men from coming forward. Any medical man, whether he has money or not, may go forward to the general governors. I recollect on one occasion there were fourteen candidates for the surgery to Jervis-street Hospital, and nine out of those fourteen had not the money, but they had no difficulty whatever in borrowing it. There is another correction I would like to make with regard to the night nursing. Mr. Stapleton stated that the Sisters did not do the night nursing, but they superintend the night nursing. Whenever an accident comes in the Sisters invariably come and attend and supervise the nursing of that accident.

3127. Sir RICHARD MARTIN.—Are you the Secretary to the Medical Staff?—No, I am the Senior Surgeon.

3128. Can you inform me whether the fees the pupils pay to your hospital includes the fee they have to pay for attending fever cases?—There are two classes of pupils—there is the perpetual pupil who pays his three years' fees in one sum, and there is the

annual pupil who only pays for attending the hospital for a session—as he has to attend the hospital in the morning, and as he could not attend two hospitals the same morning, the fee of twelve guineas is for his attendance in Jervis-street that year. The perpetual pupil who requires a certificate of having attended fever cases, pays Jervis-street, and we pay Cork-street Hospital for him. Two of our medical staff are connected with Cork-street Hospital. I heard some questions asked with regard to the accidents. I kept a careful record of the accidents between 1867 and 1877; and during that time the average number of accidents admitted in the twenty-four hours was forty-two—forming three-fourths of all the cases admitted into the house.

3129. Mr. HOLMES.—How many really serious accidents were there among those forty-two?—I remember on one occasion during the time of our late senior surgeon, Dr. Stapleton was on accident duty, we had eleven fractures of the thigh admitted one morning after a procession on the north side of the city; and I have frequently had to attend ten fractures on a Saturday night.

3130. Sir RICHARD MARTIN.—Am I right in saying that all the accidents along the North Wall and the

docks are sent to Jervis-street Hospital?—The police have discretion to bring all cases of accident occurring on the north side of the city to Jervis-street, and it is only those we cannot accommodate that are brought to the Mater Misericordie and Richmond Hospitals.

3131. Mr. KANEV.—Have you had experience of the nature of the cases treated in the Workhouse Hospitals to justify you in speaking as to the condition of these hospitals?—I have not.

3132. Mr. AMMONSON.—With regard to the grouping of the hospitals, would you be in favour of grouping the House of Industry Hospitals with Jervis-street Hospital?—I would not. I think Jervis-street Hospital is quite competent to do all the surgery of the north side of the city. I think where Stewens' stands at present there is an hospital required. I think the Richmond and Stewens' Hospitals could be very well amalgamated and a large hospital of 300 beds provided there. It is a part of the city which requires it. I have ascertained from the Telephone Company workmen that there is only a distance of 600 yards between the Richmond and Jervis-street Hospitals, and when we have 300 beds we will deprive the Richmond of certainly three-fourths of their accidents.

3133. Mr. KESTNEY.—You stated that you believe Jervis-street Hospital to be sufficient hospital accommodation for the whole of the north side of the city?—I presume you don't mean to blot out the Mater Misericordie Hospital?—Oh no, I mean the Mater and Jervis-street are sufficient. I regard the Jervis-street and Mercer's Hospitals as sisters—one doing the surgery of the north, and the other of the south side of the city.

3134. Mr. HOUGHES.—You are of opinion that for

Dublin north of the Liffey, if the House of Industry Hospitals were removed, and the great workhouse—Jervis-street and the Mater Misericordie Hospitals would be sufficient?—How many hospitals do you think would suffice for the south side of the city?—Including for a moment Baginbun Hospital and Sir Patrick Dun's?—You must take into consideration the very large number of accidents which come to Jervis-street. I think the hospital arrangements should be that you would have Jervis-street and Mercer's Hospitals doing the business of the city proper—the outlying northern districts being supplied by the Mater Misericordie. I would amalgamate Baginbun-street and Sir Patrick Dun's. The Meath Hospital is required where it is, and I would have a large hospital where Stewens' stands. If each of these hospitals had 200 beds, the whole hospital work of Dublin would be done perfectly. I would let the Meath stand, but I would amalgamate Baginbun-street and Sir Patrick Dun's; Stewens' I would amalgamate with the House of Industry Hospitals—the Mater Misericordie would be supplied by the northern suburbs; Mercer's and Jervis-street would do the city work proper, as they do at present. We receive the largest number of accidents; Mercer's receives only about half the number we do, and that would be about double the number of any other hospital in Dublin.

3135. Do you attribute to the situation of Mercer's hospital the fact that that hospital receives so many cases?—Both to the situation and the fact that the police have instructions to bring all cases occurring on the north side of the city there, except those occurring near the steps of another hospital. The police have these instructions with regard to Mercer's on the south side, and Jervis-street on the north side of the city.

#### Mr. Arthur Clouse examined.

Mr. Arthur Clouse

3136. CHAIRMAN.—You are one of the Surgeons of Jervis-street Hospital?—Yes, and I am a Teacher of Anatomy and Surgery.

3137. The LANSING Secretary to the Medical Staff?—Yes.

3138. And you have been Resident Surgeon there?—Yes, for more than three years. My position as house surgeon made it necessary for me to reside in the hospital day and night, and I have had considerable experience in the work of the hospital. Jervis-street Hospital is the oldest in Dublin. I have consulted a number of authorities on the subject; they do not agree as to the exact date of its foundation, but they are unanimous in saying that it is the oldest hospital in Dublin.

3139. Is not Stewens' Hospital older than yours?—It is not. Stewens' Hospital was opened about 1733. The exact date of its opening is doubtful. One history of Dublin states that our hospital was opened in 1723, but the latest date I can find for that event is 1728—that would be five years before Stewens' was founded.

3140. Your hospital is managed under charter by a body of governors?—Yes. It is managed under a charter by a body of governors who are subscribers either of £20, Irish, in which case they are from the date of their subscription governors for life; or of two guineas, in which case they are governors for one year from the 1st of January next ensuing after each payment made. This latter arrangement aims at the prevention of the mixing of governors for the carrying of an election. In January of each year the governors elect a managing committee of fifteen persons.

3141. There is a clause in your charter forbidding the election of physicians and surgeons as members of the managing committee?—There is.

3142. Do you think that a wise provision?—No; I think it a most unwise provision, and the managing committee share this view, and I will tell you why I

think so. The managing committee, pending a change in the charter, have appointed a sub-committee of their own body to meet a committee of the medical staff to confer together as to the management of the hospital, its administration, and so on. That arrangement has led to a very great deal of harmony. We work very well and very harmoniously together.

3143. You say the committee and the staff of the hospital work very well together?—Extremely well together.

3144. Do you consider that the suggestions of the medical staff are usually carried out by the managing committee?—When I was house surgeon there I had frequently to make suggestions to the committee; and I need hardly say that, as house surgeon, I had not the same authority as I have now. I never found an important suggestion of mine negatived by the committee, except when the funds would not allow of its being carried out, and I may tell you I was very fertile in suggestions.

3145. How are the surgeons and physicians appointed?—The physicians and surgeons are elected by ballot by the general body of the governors. The great number of the electorate prevents, as far as possible, a job being done. The charter is in some points obscure, and some clauses in it interfere with the management of the hospital according to modern ideas. Some months ago the medical staff requested the committee to take steps to obtain a revision of the charter, but in view of such changes as might be entailed by this Commission it was deemed advisable not to move in the matter for the present.

3146. I believe that a young man coming in as a member of the medical staff has to put down a certain sum of money, £500?—Yes.

3147. You have heard the evidence we led on that subject here to-day?—I have not heard that evidence very clearly.

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3148. Do you think that that system of requiring a sum of £500 to be put down would fall hardly upon a poor man?—I think there is but one thing to be said in its favour—£500 of that sum goes to the hospital; I am not aware of any other argument whatever in its favour.

3149. Then you think that the present system is best?—I certainly do. I qualify my answer to this extent—that I think there are other systems worse.

3150. The nursing of the hospital is intrusted to the Sisters of Mercy?—It is, but they have no further part in its administration.

3151. And they do their duty, I presume, exceedingly well?—They do their duty very admirably. There are details of nursing that they might learn with advantage, but, on the whole, any shortcomings in this respect are more than counterbalanced by the great and special advantage of their presence in an hospital like Jervis-street. They bring to their task a devotion which it is impossible to hire, and, most important of all, is the immense gain to discipline and moral tone resulting from their presence in the hospital.

3152. And do they undertake every part of the duty of nurses?—I don't quite understand you.

3153. Such as changing bed clothes, pressing wants, &c.?—They do. I can tell you that they have had to do there with some very revolting cases. When such cases have commenced bleeding, or from any cause required attention at once, I have got the alarm from a Sister almost immediately. The Sisters look after the patients very closely, and they don't allow any monk modesty to interfere with their duty.

3154. Your hospital is entirely unsectarian?—Yes, it is genuinely non-sectarian. I have here a list of all the medical men appointed to the institution during the last fifty-five years. I find forty-two names. Of these twenty-three were Catholics, no less than thirteen were Protestants, while of the remaining six I am unable to ascertain the religious belief. Now that is a considerably more than one Protestant to two Catholics.

3155. And that is the case although the body of electors is almost wholly Catholic?—The body of electors is almost wholly Catholic—I would like to point out—that the Protestants were, so to speak, evenly distributed over the fifty-five years. It is not the case that in the earlier period Protestants were appointed and in later times Catholics, or vice versa, but the Protestants have been evenly distributed over the whole fifty-five years—and for all I know that has been the case for a much longer time—antecedent to the date from which I started. Of the last seven appointments there have been Protestants—of whom two are at present members of the staff. Can any other general hospital in Dublin show such a record of toleration? I sincerely trust that that toleration will be continued by our governors, and I have no reason to think it will not.

3156. We heard here to-day that the hospital is open at all times to clergymen of all denominations?—Yes. Freely open. I have frequently when resident surgeons sent for a clergyman of a religious denomination not my own.

3157. Can you give us evidence as regards the hospital district?—Yes. I have prepared a map (marked A, produced) Jervis-street Hospital is situated in an open space in a densely populated district. Of more importance than the mere number is the occupation of the inhabitants. Our district comprises the whole North Wall, with the steam-packet stations and goods stores, where accidents are more likely to occur than at passenger stations, four large railway stations, namely, the Great Northern, Great Southern, Midland, and London and North Western, several war mills, most of the newspaper offices, chemical works, dockyards, and most of the great thoroughfares of the north side, while owing to the number of bridges in our neighbourhood we serve in addition a large portion of the southern line

of quays. As a result of the extent and character of our district the number of patients attending the hospital is very large. Our new building will be quite insufficient for the demands on our space, and the managing committee, foreseeing this, directed their architect to furnish plans of an hospital of which the present building is but a part. I have prepared the map first by drawing a line around the municipal boundary then by colouring the present general hospital red, and then by taking the middle points between them. For instance let us take this point (showing spot), we find this equivalent from Mercer's and Jervis-street Hospitals. Let us take this other point—it is equivalent between Jervis-street Hospital and the Mater—or here where the lines meet equivalent between Jervis-street, the Adelaide, and Mercer's, so that what the map shows is that for an accident occurring in this district (showing district), the nearest hospital would be Jervis-street. That is it would be the nearest hospital as the crow flies. This map is hardly fair to Jervis-street. You will see from the map that the roads radiate towards Jervis-street. People from Clontarf will come along their high road into the Jervis-street district before they would get to the Mater. As a matter of fact many cases do come to us from Clontarf and even from Howth.

3158. Do you think that your new buildings will be sufficient for you?—I am quite certain they will not. We must either enlarge them or fail to do our work. In my time as house surgeon I had often a most trying experience. It was part of my duty to select from a number of cases, each recently reaching hospital treatment, the most pressing ones. I have had people there bedded on the floor like sheep. There is enormous pressure on the hospital. Its district comprises the largest part of the north side, and by far the worst part of it too—the docks, railway stations, &c.

3159. I presume that supposing the Parliamentary grant were to be redistributed among the Dublin hospitals, you consider that your hospital is entitled to a very considerable share of it?—I consider we should be entitled to a very large share of it indeed, for two reasons—firstly, that we deserve it, because we are even now doing a very large share of the work of the city, and secondly, that if you abolish the House of Industry Hospitals you throw the greater part of that district upon us—so that we are entitled so to speak to our own share and the greater part of the House of Industry share.

3160. I want to know what facilities have you for the extension of the buildings of your hospital?—I stated that the present is only part of the contemplated building. With very little extra expense we can increase the hospital three-fold, and so avoid the enormous expense of acquiring a site, and building a new hospital. The money so saved could be devoted to the maintenance of patients.

3161. You would have to get more ground about it?—We have got a very considerable amount of ground.

3162. How much?—

3163. Mr. Kersey.—You could get two wings built—and you could get 500 beds in each of them if you liked?—We could.

3164. On the question of large, versus small hospitals, have you anything to say?—I am very strongly in favour of large, as against small hospitals—for many reasons. By large hospital I mean one with about 300 beds. There are, I take it, three standpoints from which we can look at this question—that of public economy, that of students, and that of patients. Taking it upon the question of public economy, we find that the cost of management of a large hospital is relatively very much less than that of a small one. Take for instance, Jervis-street Hospital—the cost for management in 1883 was 4s. for twenty-five beds. I believe that for £50 more you could manage an hospital with 250 beds—on the Jervis-street principle—and even that sum I think is too liberal an estimate. I need not go into details to point out that you need only have the same number of resident medical



efficiency, secretariat, and so on. The advantages are obvious I think. Now with regard to the point of view of the students. To the student a large hospital offers enormous advantages. He sees a greater variety of cases. The medical officers are enabled to group diseases so as to contrast those which might be mistaken for one another. Again, he has opportunities of studying special subjects, such as eye, ear, and venereal diseases, orthopedic and dental surgery and the diseases of women. These subjects are at present for the most part dealt with at great expense to the public in special hospitals, which students seldom visit, or from which as in the case of the Lock Hospital they are excluded.

3165. You do not agree with the opinion I have sometimes heard stated, both here and in other countries, that students learn very much more in a large hospital than in a small one?—I cannot see why they should.

3166. In this way—the whole lot of them get about together and they don't, or are not so well able to see how the patients are treated in a large hospital as they would be if there were a smaller number of them present?—That must be the fault of the clinical teacher. I would conduct my instruction, according to the plan suggested by Dr. Graves—I would give a bed to a particular ward to a certain student, and I would make him take notes of the case of every patient who occupied that particular bed during the session. On the morning I lectured in the hospital, I would question him before the class regarding the case, so that he would be practically teaching the case under my supervision—I cannot conceive how he could fail. Of course in either large or small hospitals you cannot make an idle man work.

3167. The point I wish to ask you about is this—In a large hospital where you had a large attendance of students would these students be—or could they be as well instructed as they would be in a small hospital—having regard to the number of people that would be about the bed?—If you have a large number of students in a small hospital they are likely to idle, but in a large hospital with a large number of cases, a large class could be divided into numbers and juniors so as to make the teaching much more effective. You must remember that, as I have pointed out, a large hospital offers enormous advantages in other respects to the students.

3168. Then you distinctly disagree with those who say that in a large hospital the students would be more likely to idle than in a small one?—If the teaching is properly conducted—I distinctly disagree with them.

3169. Now what do you say with regard to the preference for large hospitals from the patients' point of view?—I think that for patients there are great advantages in a large hospital. They have the benefit of many special appliances which a small one could not afford, and they should have what my experience teaches me to be a very great advantage indeed, the constant presence of a qualified medical man in the hospital. The present practice in Dublin hospitals is for the resident pupils to send for the resident surgeon in any case they consider serious. But the house surgeon may not be in the house when such a case comes in, or the pupil may have a not unusual ambition to treat the case himself, or what perhaps occurs most frequently, the gravity of the case may not be recognized by the resident pupil. It is just under such circumstances that we occasionally hear of cases dying soon after being refused admission to hospital. In my opinion it is most important that a qualified medical man should see every case applying for hospital relief. For this purpose there should be at least two resident medical officers in every hospital—a staff which no small hospital can afford. I would urge as strongly as I possibly can the pressing necessity there is that every case applying for treatment to an hospital should be seen by a properly qualified surgeon.

3170. That is the system in London, is it not?—I believe that to be the system but I cannot actually say. Now, for instance, a man may come into the hospital to have a slight wound dressed. The skin is not broken—but there might be a fracture of the skull and the resident pupil might not detect it, and he might discharge the man to die. Mind this is not a fanciful case—we know it occurs far too often.

3171. Do you know a case where it occurred recently?—I do. I know a case within three weeks or a month—it is only fair to Jarvis-street Hospital to say that it was not a case in that hospital.

3172. Have you stated all you wish with regard to hospital accommodation?—If you permit me I will go into statistics now. The hospitals of Dublin, confining Maternity and the Lock Hospital, may be divided into general and special. Taking the general hospitals we find—North side—Mater Misericordie, 302 beds; Jarvis-street (new), 160; House of Industry, 312; total, 674. South side—Monaca's, 97; St. Vincent's, 129; North, 166; St. Vincent's, 200; St. P. Dun's, 70; Adelaide, 125, total, 718. This does not include the City of Dublin Hospital, 85 beds, which is outside the city, nor the special hospitals, of which there are—North side—Caldwell's, 80 beds; total, 80. South side—Cook-street, 250; St. Mark's, 38; Nat. Eye and Ear, 26; Orthopedic, 28; Nat. Orthopedic, 28; Lock, 150; total, 458. Now we find the population in 1881 distributed as follows.—North City, 115,331; South City, 124,281; North Dublin Union, 142,281; South Dublin Union, 292,254. North—"Temporarily diseased" on night of Census, 1881, 2,457. South—"Temporarily diseased" on night of Census, 1881, 3,161. So that we have in a general hospital on the North side—of the population of North City one bed to every 171 persons, of the North Dublin Union, one bed to every 312 persons; of the "Temporarily diseased" in the North Dublin Union one bed to every 309. South side—of the population of South City, one bed to every 165 persons, of the South Dublin Union, taking in Ragge-street, with 85 beds, to every 251 persons; of the "Temporarily diseased" in the South Dublin Union, one bed to every 39 persons. As I have pointed out, we have in a general hospital in Dublin one bed to 171 persons in the city inside the municipal boundary, and one bed to every 212 persons in the population of the North Dublin Union—and I think that is a fairer boundary to take than the municipal boundary.

3173. Why?—Because you will see that the municipal boundary is rather close to the heart of the city, and a great number of cases come from outside it.

3174. Mr. Holmes—You give us by your calculation 2,457 persons "temporarily diseased" in North Dublin. Surely there are not that great number of hospital beds?—Oh, no. Of these 2,457 persons temporarily diseased, 194 were at their own homes, 663 were in infirmaries and general and special hospitals, while no less than 1,630 were in workhouse hospitals as paupers.

3175. The CHAIRMAN—You think then that the number of hospital beds on the north side of the city is fairly satisfactory? what do you say as to their distribution through the districts?—I think that their distribution is utterly wrong. Here are two maps which I have prepared to illustrate this point (produced). The first (marked A) shows the present hospital districts of the city, the second (marked B) the districts as they would be if the House of Industry Hospitals ceased to occupy their present position. The districts are marked out in a very simple way, by finding the middle points between the various hospitals. Now, gentlemen, I submit, that this method of marking out the hospital districts is absolutely accurate. The districts cannot be increased or diminished. From the map marked A you will see the area that Jarvis-street Hospital supplies. Its district is enormously the largest, the most populous, the poorest, the most fertile in accidents of all Dublin.

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It comprises more than half the north side of the city, and includes the shipping quays, railway depôts, and almost all the accident centres of the north side. And yet the new hospital with 160 beds will have to supply this area, while to a district smaller, richer, and far less fertile in accidents, no less than 514 beds are allocated. Surely such a distribution is perfectly ridiculous.

3176. Mr. HOGGINS.—Why do you take in below the southern quays?—Because it is within our boundary line and shown by the compass, and we get cases from the district.

3177. The CHAIRMAN.—Have you considered the question of the reconstruction of the hospitals?—Yes. If it be decided to reconstruct the House of Industry Hospitals I think they should be amalgamated with Jervis-street.

3178. And you wish, I presume, for a redistribution of the grant?—Yes.

3179. Do you wish to do away with the House of Industry Hospitals altogether?—I wish to see them amalgamated, not destroyed. My argument is this, that if you add a piece of the district of the House of Industry Hospitals to ours we can serve it as efficiently for very much less money than they can.

3180. Would you do away with the House of Industry buildings?—No, I understood the union wanted them.

3181. Would you be in favour of enlarging your own hospital?—I would be strongly in favour of it. It must be enlarged or fail to do its work efficiently.

3182. And would you take fever cases in?—There you raise a question. These are arguments for and against the admission of fever cases. The argument in favour of admitting fever cases is that we think their admission would be necessary for the proper instruction of pupils. And the argument against admitting them to Jervis-street, is that you keep a fever patient in the city instead of sending him to the suburbs, which would be better for himself and others. I will modify my reply. I would be in favour of receiving a limited number of fever cases.

3183. Mr. HOGGINS.—For the purpose of instruction?—For the purpose of instruction. What I am against is the placing of a large fever centre in the city. I think we could accommodate fifty fever patients, and what they might lose by not being in the country would be to some extent compensated for by the gain in having them near their own homes and in the facilities for transfer. But of course the necessity for instruction would be the strongest argument.

3184. Well, continue your observations on the subject of reconstruction?—I say that if it be decided to reconstruct the House of Industry Hospitals, I think the wisest course would be to amalgamate them with Jervis-street—to amalgamate them, I say—not to destroy them. I urge this course for these reasons. An hospital the result of such amalgamation could easily serve the district at present served by the House of Industry Hospitals. You will see from the map (A) the present district supplied by the House of Industry Hospitals. First compare its size and importance with the Jervis-street area. Remove from the House of Industry area the space occupied by the lunatic asylum, the North Dublin Union, the prison, the Temple gardens, and the unbuild-on ground, and the difference will be even more marked. Map (B) is constructed to show the effect of removing the House of Industry Hospitals from their present site. It will be seen that the greater part of the populous portion of this district would be supplied by Jervis-street, while the rest would be pretty equally divided between the Mater and St. Stephen's. The furthest point of the added district would not be even half as far from Jervis-street as the North Wall is, and I need hardly say that accidents would be more likely to occur at the North Wall. There is at present in Jervis-street a splendid building which at a comparatively slight expense,

could be made to contain three hundred beds. Thus the enormous expense of acquiring a site and building a new hospital would be avoided. The money so saved could be devoted to the maintenance of patients. The present management of Jervis-street hospital enjoys the confidence of the people. It is the desire of the Government to make the government as popular as possible by putting as many representative men on the Committee as they could. I think I am right in saying so, Mr. Kennedy.

Mr. KENNEDY.—Yes.

3185. Mr. CHAMBERLAIN.—Again, the method of appointment to the hospital is calculated to prevent jealousy, nepotism or imbecility. The number of Governors is at present two hundred and thirteen. You might try to effect a job with a committee of fifteen, but you could not with a committee of two hundred. Sure for the purchase system, I think the method of appointment by far the best in Dublin. Jervis-street Hospital is and has always been thoroughly non-sectarian. We have not become sectarian from fear of the Hospital Commission. We have not become sectarian since yesterday. We have been unsectarian from the beginning and we will remain unsectarian to the end. The amalgamated hospital would start with the prestige of Jervis-street and the House of Industry hospitals. There is a considerable amount of prestige connected with the House of Industry hospitals, and I should like to unite it with that of Jervis-street. The present financial condition of the hospital is such as materially to impede its utility. The new building will not be large enough to satisfy the demands on it, and sooner or later it must be enlarged. Even with our present district it will force us to enlarge our hospital sooner or later, and I told you that our Committee foresaw that in their plans of the hospital. Supposing the united hospitals in Jervis-street to contain three hundred beds and the Mater Misericordiarum with its new wing to contain three hundred, we should have hospital accommodation in the following ratio, on the north side—of the population of North City—1 bed to 192 persons; North Dublin Union, 1 to 238; and of temporarily diseased on the night of Census in North Dublin Union, 1 to 4.

3186. The CHAIRMAN.—I wish to come back to the question about fever hospitals. Don't you think it would be advisable to have—say—two large fever hospitals in Dublin?—I do, sir; but we have them already.

3187. I merely wish to know if you think it advisable?—Yes, I think it would be wise to have two large fever hospitals in Dublin.

3188. Don't you think there is an objection to taking fever cases into an accident hospital?—I don't think there is very much objection save what I have already stated—and I will cite the case of the Mater. Some years ago there was a question raised as to whether fever cases should be admitted into any part of the building. The hospital authorities consulted Sir Dominic Corrigan and Dr. Cruise about it, and the result was that they admitted cases of fever to the upper story. The fever never extended to the lower story, nor did any patient in the lower story ever get fever from upstairs. I may be wrong but I am simply stating what I heard.

3189. You don't think there would be any injury done to the students by the absence of fever patients from general hospitals?—I do, sir. I am quite sure students won't go to work in large fever hospitals as they might in fever wards in general hospitals.

3190. Couldn't you make them?—You might make them go formally, but they won't care about working at fever—they will take it up at later stages of the curriculum when there is a great deal of hurry and anxiety to get qualified.

3191. What is the average attendance of fever students at present?—I could not tell you. You touched to-day upon the question of how we in Jervis-street hospital treat our students as regards their education in fever cases. I am honorary secretary to

the medical staff, and therefore I can tell you. For every student who comes to us and remains three years, we pay the Cork-street Hospital for his instruction in fever, without any extra charge to him, and if he has been with us even a less time than three years, if he should not have got a fever certificate somewhere else, we are likely to pay for him. If he goes away from us he is almost certain to go to an hospital where there are fever wards.

3192. You don't know then the per centage of students in Dublin who really work up fever cases?—They all have to do so—I have done it myself. My experience was this—I worked in Jervis-street at general surgical cases, and then by-and-by, on the approach of the accumulation, I rushed through the fever cases as best I could, and then came back to Jervis-street to have surgeons to converse over again and learn my business thoroughly.

3193. Then the instruction in fever cases is bad?—Not if given in fever wards in general hospitals.

3194. You stated just now that your own experience as a student was that you rushed through it—Yes, because I attended Jervis-street, an hospital which had not fever wards.

3195. What do you propose to do with the site of the House of Industry hospitals?—I understand the North Dublin Union guardians are most anxious to get that. I don't know whether that is true or not.

3196. Do you wish to say anything more?—Well, no; I think I have stated everything.

3197. Mr. O'Rourke.—Do you approve of the present system of purchase?—Most decidedly I do not.

3198. Is it not very injurious to young men in your profession?—I would not go so far as to say it is very injurious—it is a bad system—it is a wrong system—but usually it does not prove very badly.

3199. Is it not injurious in this respect, that some young men cannot get the money?—I think most young men can borrow the money for the reason, that they are justly secure of the pupils fees which would pay the interest. But it is a question for you—whether it is a wise thing for a young man starting to life to borrow money. I don't think it is.

3200. Don't you think it is the duty of the hospitals to select the best men irrespective of money?—Certainly. But the question as to who are the best men is a very difficult one to answer.

3201. The best of the men that go forward?—When a young man who is comparatively unknown goes up for an hospital, it requires very considerable discretion to select who is the most likely man—the most promising man. It is the hospital appointment which really makes the man's name—he is a nobody until he gets his hospital.

3202. Supposing there are seven candidates, two of whom are more competent than the rest, but those two cannot raise the money while the other five can—overthrowing that the two are better qualified than the five—if they cannot raise the money they have no chance of the support of the managing committee?—They can of course go up for election but they will not have the support of the managing committee with the governors.

3203. Mr. RICHARD MARTIN.—What attendance is a student required to give to fever cases to entitle him to pass?—I cannot positively say. I think he is bound to attend for three months and report a certain number of cases—that is take notes of a certain number of cases. The precise number I cannot give you, but I can only ascertain.

3204. Is it your opinion that if fever cases were allowed into a general hospital the students would become better acquainted with the disease than by attending a special hospital?—I am quite certain that they would.

3205. With respect to venereal cases—is it your opinion that a knowledge of those diseases would be acquired as well in a general Hospital as if the students

attended a special Hospital—the Lock for instance?—The way to put it is this. If a student goes to a special hospital he sees more cases. Then the question is, will he go to the special hospital to see these cases. They will not let him in at the Lock, so that deals with the matter at once.

3206. We had evidence here from Dr. Flanagan to the effect that if students were allowed to attend the Lock Hospital, there would be plenty of students attending there. Is that your opinion?—I am sure that some would go there.

3207. Mr. HOLMES.—I cannot compliment you too highly upon the admirable evidence you have given. Your definition of a large hospital, in which I thoroughly concur, is that it should contain at least 250 beds?—Yes.

3208. And your hospital scheme for the north side would result, if carried out—in there being two large hospitals on that side—with that number of beds—and to doubt you mean those hospitals to be Jervis-street and the Mater?—Yes.

3209. But you said nothing about the south side. If the Parliamentary grant should be limited to large hospitals as defined by you, I don't see how any hospital on the south side could partake of it—you have no possible scheme for that side unless there is an amalgamation—would it be possible to have an hospital with the required number of beds?—May I refer to the map for a moment.

3210. I exclude from the list of hospitals which you have given on the north side—the Adelaide and St. Vincent Hospitals, because they are principally sectarian hospitals, and the medical staff. I exclude them as sectarian, then you have Mercer's, the Month, Stevens', Sir P. Den's, &c. I—I think there was a Protestant of one time in St. Vincent's—Dr. Bellingham, and I am not aware that there ever was a Catholic on the staff of the Adelaide. Then in Vincent's they admit Protestants, but in the Adelaide I understand they do not admit Catholics.

3211. Would you give us your views as to the arrangement of the hospital accommodation on the south side of the city?—I have not studied that subject.

3212. And you have given 200 beds to Stevens' Hospital?—As a matter of fact they cannot support that number at present. If you take away the House of Industry Hospitals and give some of their district to Stevens' how are patients to be provided for there?—Well I give you my authority for stating that Stevens' has 200 beds—the city of Dublin payments for 1885 were—Dr. Stevens' Hospital—total number of beds, 200.

3213. But how many of these beds are occupied?—The average number of beds occupied is 94-49.

3214. And if you exclude the police how many?—

3215. The CHAIRMAN.—There are thirty police beds there at present?—Stevens' Hospital is on the outskirts of the city, and I don't think they want 200 beds there; they could easily supply the very small portion of the House of Industry district that would fall to their share.

3216. Mr. HOLMES.—Supposing you wanted to put a big hospital on the south side corresponding to Jervis-street and the Mater on the north side—corresponding to one or both—where would you place the site?—Am I to consider the existing sites?

3217. No, I give you carte blanche—anywhere—a scheme of your own?—Well we must consider the railways—we have Harcourt-street terminus on one hand and the Great Southern and Western Railway at the western side—and we have all the barracks—I am not familiar with the accident centres on the south side. I have not thought the matter out, and there are a hundred things which might occur to me if I did.

3218. The CHAIRMAN.—What you have considered is the question as it relates to the north side?—Yes.

3219. Mr. HOLMES.—And you prefer limiting your evidence to the north side?—Yes.

Nov 16, 1885

Mr. Arthur  
Chase.

Nov. 21, 1889.  
—  
Mr. Arthur  
Chase.

3220. If you should think of any scheme for the south side would you have any objection to come before us again and explain it in detail?—None whatever.

3221. The CHAIRMAN.—With regard to purchases in Jervis-street, you would not, of course, wish that the present system should be done away with without taking into consideration all vested interest?—Of course, since I have a vested interest myself, I would not.

3222. And I presume that even if you had not you would be of the same opinion?—Yes, I do not think it

would take a very large sum to pay us, and it would be just and fair.

3223. The CHAIRMAN.—I am sure I express the general opinion of the Commission when I say they are extremely obliged to you for your able evidence; and I will ask you, as Mr. Holmes suggests, to consider a plan for the south side as you have done for the north, and when you have it ready, to come before us again.

[Witnesses were then examined on behalf of the National Eye and Ear Infirmary.]

Mr. Henry  
R. Seagay,  
F.R.C.S.

Mr. Henry R. Seagay, F.R.C.S., examined by the CHAIRMAN.

3224. You are Honorary Secretary to the National Eye and Ear Infirmary, Dublin?—Yes, I am Honorary Secretary and one of the Surgeons to the National Eye and Ear Infirmary.

3225. How is your hospital administered?—By a committee of management appointed by the general body of governors.

3226. And have you got any qualification for governorship of your hospital?—£15 makes a life governor, and an annual subscription of 4s makes an annual governor.

3227. The total number of beds in your hospital, I see, is 26?—It ought to be stated as 28.

3228. That is a very small number?—It must be made larger soon, for we require an increased number. We have very frequently more than our number in hospital.

3229. Would you be in favour of the amalgamation of your hospital with any other?—I would be very strongly in favour of the amalgamation of our hospital with St. Mark's Ophthalmic Hospital. We proposed, in 1877, that there should be an amalgamation between these two. The minute is as follows:—

"At a meeting held on the 5th July, 1877, the committee considered the advisability of amalgamating this institution with St. Mark's Ophthalmic Hospital, and our committee were unanimously of opinion that amalgamation would be most beneficial to the interests of the public and of the poor. The chairman was requested to address a letter to the Board of St. Mark's Hospital, setting forth the views of this committee, and proposing a conference between some members of each body to consider the matter." At a meeting held on 2nd August following, a letter was read from Sir J. W. Mackey, Hon. Sec. St. Mark's Ophthalmic Hospital, in reply to the one decided upon at the last meeting of this committee. "Sir J. W. Mackey informs the committee that the Board of St. Mark's Hospital does not think that an amalgamation would be expedient, and that, therefore, a conference is unnecessary." Again, some years later, we thought that a favourable opportunity offered for amalgamation of the two hospitals, and we made inquiries to ascertain whether an attempt to bring it about would be received more favourably than in 1877, but we found it would be quite useless to make any attempt.

3230. You treat, I see, a considerable number of external patients. There were 2,236 treated in the twelve months ending 31st March, 1885. What kind of cases are these?—They are all diseases of the eye or of the ear.

3231. What sort of diseases—all sorts?—All sorts of diseases of the eye and ear.

3232. How many of these would be serious cases?—Well, I could not exactly say. I might say that

they are mostly all serious cases. Nearly every case of disease that comes to us is a serious one.

3233. You also receive accident cases?—Oh, certainly.

3234. Many?—Yes, but I could not say precisely how many in proportion.

3235. When you speak of amalgamating the two hospitals—yours and St. Mark's—would you be in favour of getting rid of your hospital, and merging it in St. Mark's, or to have St. Mark's merged in yours?—Well, at the time that our proposal was made to St. Mark's we were contemplating an enlargement fund, and St. Mark's was about enlarging too. We afterwards accumulated more money, and the proper thing would have been to build a large ophthalmic hospital. But this, which would have been so very simple a matter then, would not be so simple now. Yet our committee is of opinion that it might be satisfactorily carried out. We think the site of our hospital is better than that of St. Mark's, because we have a garden, and St. Mark's has no place at all for patients to take any outdoor exercise when they are recovering; otherwise I think the site of St. Mark's would be as good or, perhaps, better than ours. But the fact of having the garden is sufficient to show that ours is the better site, as it is.

3236. Mr. AMMONSON.—These are special institutions for the ear and eye—do you think it is desirable to have special institutions for the treatment of the eye and ear?—I am decidedly of opinion that it is desirable to have, in a city like Dublin, such special institutions. If the cases of eye disease are distributed over several hospitals, the material is frittered away, which reduces its value to the student or physician. There are some diseases of the eye—very important diseases—which are very rare, and if you have these scattered over the different hospitals, it may happen that a student would never come across one of these cases at all, whereas if the cases are accumulated in one large special hospital, he is sure to come across every specimen of disease during his time of attendance there.

3237. How is your medical staff appointed?—Our medical staff is appointed by our Committee of Management.

3238. What fee are paid by your pupils?—They pay three guineas for an attendance of three months.

3239. Mr. O'REILLY.—Would you have sufficient ground to enlarge your hospital?—The ground we have at present would not be sufficient.

3240. Do you consider that you would get houses convenient for the purpose of enlarging your hospital?—Well, we might hope that we would.—If your query has reference to the mode of enlargement, I say

tell you that the question of enlargement has not been spoken of by our Committee, but it is one which will have to come before them before very long.

3241. You are of opinion that one large Hospital would be better for the purpose of the treatment of those diseases than the two you now have?—I am decidedly of opinion it would be better.

3242. Sir RICHARD MARTIN.—At present every student has to attend either your Hospital or St. Mark's to entitle him to pass?—Well, every student who takes a surgical degree in Trinity College must have a certificate from either one or other of those two Hospitals, but as regards students who take out a licence at the College of Surgeons—those under the new scheme will be obliged to have an ophthalmic certificate of three months attendance—I am not sure that that certificate must necessarily be from either of those two Hospitals. I think it will be sufficient to have a certificate from the ophthalmic department of any general hospital. There is no rule in the College of Surgeons on that subject at present.

3243. And is three months attendance in an ophthalmic hospital all that is required by Trinity College?—Yes.

3244. And is there a specific number of attendances required of the student in the three months in order to entitle him to his certificate?—There is no specific number, but he is supposed to attend regularly. Formerly the authorities in Trinity College were very particular about getting evidence that they did attend a certain number—but that was found difficult to accomplish—so they gave it up altogether and now they don't require any evidence.

3245. Mr. KENNEDY.—From your experience of the continental habits of teaching ophthalmic surgery don't you believe that it is in the interests of science and of education that men specially devoted to that study would be required as teachers of the subject rather than general surgeons in a general hospital?—I am very decidedly of that opinion, I think it is absurd for any general surgeon to attempt to teach ophthalmic surgery as it is understood in the present day.

3246. You believe, then, that the European conviction on that subject, publicly established for the last fifteen or twenty years, agrees practically with the opinion of specialists in this country?—Yes. I know that abroad—in Germany and in France—it is an unheard-of thing for a general surgeon to attempt to treat an ophthalmic case.

3247. And I believe in London as in Paris the same opinion exists?—Yes.

3248. And the system of concentrating cases of disease of the eye and ear in special hospitals has got to be the rule in these cities?—It has.

3249. Now, with regard to your hospital as at present constituted, and St. Mark's—don't you think it would be an advantage to the students if they had a large number of beds where they could attend the patients—in other words that they would have a better chance of seeing and studying, and having under them ophthalmic cases, by having one large hospital instead of two?—Certainly.

3250. And the question whether such a hospital is to be in Milesworth-street, or in Lincoln-place is a subsidiary one, or one that should not be entertained, for it stands in the way of getting the hospitals concentrated, which is the principal thing—you heard the evidence given by the senior surgeon of St. Mark's the other day?—I saw it in the newspaper.

3251. You are aware that the governors of St. Mark's for some reason don't like amalgamation—can you tell me to what the desire of the governors of St. Mark's to popularize their management or popularize their staff, more than it is the intention of the governors of your hospital to popularize their management and staff—do you think that you are more conservative in your mode of electing your governors and staff than St. Mark's people are in electing theirs; and do you think there is a stronger growing desire on the part of the people belonging to St. Mark's to come

forward and exhibit a more liberal regime?—I have no idea as to what their views are.

3252. Well, let me ask you what your views are. Do you think the hospitals if amalgamated would suffer by permitting the Committee of Management and the staff to be more liberalised?—I cannot understand you.

3253. I will explain. At present the staffs of both hospitals have been taken almost entirely from one side of the profession as regards religious denomination?—Yes.

3254. Do you think that young Catholic practitioners—in the event of the hospitals being amalgamated and enlarged by this scheme—may fairly hope to get the position of teachers in the new enlarged hospital, or have a better chance of becoming such in it than they have hitherto had in the two hospitals?—I may say this, that there would be no difference at all in that respect—if the management of St. Mark's is the same as ours—because there is no difficulty at all thrown in the way of a member of any religion becoming connected with our staff. As a matter of fact, one of our assistant surgeons at the present moment is a Roman Catholic. We have also an extremely competent man as resident surgeon—I don't know what his religion is—but if I may make a guess, I would say he is a Roman Catholic; at all events his father is an Alsatian, and I think it is probable he is a Roman Catholic. As far as our hospital is concerned, there is not a breath of suspicion of any undue religious preference in connection with it.

3255. If that be so, if amalgamation be desirable, don't you think that if you get a conference between the committees of the two hospitals, the difficulty about amalgamation might be got over?—I think it might—but I may say it does not seem likely.

3256. Don't you think if you could get this amalgamation brought about it would tend to the establishment of a school of ophthalmic surgery in Dublin as would be worthy of the country?—Yes, that has been always my desire and wish, and it has always been my firm belief that the amalgamation would have that result.

3257. Mr. HODGINS.—Are there any cases of eye disease very common in this country?—There is one disease of the eye which is more common in this country, except, perhaps, Norway and Sweden, than in any other country in the world.

3258. Would you say the bed accommodation in St. Mark's, and in the National Eye and Ear Infirmary is sufficient for the number of applicants?—No, I don't think it is sufficient.

3259. How many beds would you say there ought to be in Dublin sufficient to provide for the number of ophthalmic cases?—I think we ought to have at least one hundred beds.

3260. Would the united incomes of the two hospitals be sufficient for that number of beds?—I think the present income is sufficient, but I think if we had a thoroughly well appointed ophthalmic hospital we would have much difficulty in making it quite sufficient.

3261. What do you think would be the cost per bed in one large ophthalmic hospital?—The cost in our hospital at present is from £45 to £45—I suppose it ought to be done for £40 per bed.

3262. Then £4,000 a year would be about the income required to maintain 100 beds?—Yes, £4,000 a year would do it very well, indeed.

3263. And the combined incomes of your two hospitals is between £2,500 and £2,600?—Yes, I find that our cost per bed is £38 16s. 3d., so I over-estimated it. I would just like to remark that our desire for amalgamation has never depended on any anxiety on the part of our Board, that we were not in a flourishing condition. We have never been seriously in debt—we are at present out of debt, and fairly on the safe side of the books. I mention this because it might be thought that our financial condition had something to do with our wish for amalgamation.

Nov 21, 1896.

Dr. Charles E.  
Fitzgerald.  
M.B. DUB.

Dr. Charles E. Fitzgerald, M.B. DUB., continued by the CHAIRMAN.

3264. You are one of the Governors of the National Eye and Ear Infirmary?—Yes.

3265. Were you present when the last witness was examined?—Yes.

3266. Do you agree generally with what the last witness stated?—Yes.

3267. Have you considered the question of amalgamation between your hospital and St. Mark's?—Yes, for a long time.

3268. And would you be in favour of your hospital merging in St. Mark's, or St. Mark's in your hospital?—Well, for the reasons that Mr. Swaney has given I should be in favour of St. Mark's merging in our hospital—for I think we have more opportunity for carrying them they have—and there is also the fact that we have a recreation ground at the back.

3269. But otherwise the site of St. Mark's is as good?—Much better I think.

3270. Have you thought of how the present institution of St. Mark's might be utilized if it was suppressed as an hospital?—No, I have not. There is one reason in favour of amalgamation from a medical point of view which has not been touched upon and which I think I may give, namely, I believe it is an extremely common occurrence for the same patients to attend both hospitals—and to attend them at the same time with the peculiar idea that the more treatment they get the better. Of course it is extremely foolish for a great many chronic cases are made chronic by over-treatment—I believe that parties among some patients is very common and I think it would be a vital step to have the patients congregated all together. Of course the students also would gain immensely by it. It would undoubtedly be best for the patients for they would have all the available skill of our branches of the profession congregated together where we could have consultations and it would be best for the students owing to the opportunities they would have of seeing a much larger number of cases.

3271. Mr. ARMSTRONG.—Does not a period of three months attendance appear a very short one to acquire a knowledge of ophthalmic surgery?—To acquire a complete knowledge of it would require a very much longer period—but still they acquire a large amount of knowledge—sufficient to prevent a man from making egregious mistakes.

3272. Mr. O'SHEIL.—You are in favour of amalgamation?—Yes.

3273. And you would not confine yourself to Molesworth-street for the enlarged hospital?—Oh, no.

3274. If the houses in Molesworth-street were enlarged the pleasure-ground would be taken away?—Yes.

3275. Any other site would answer as well as Molesworth-street if you could get more ground?—Yes.

3276. The CHAIRMAN.—Did you ever think of these hospitals being amalgamated as departments of a larger hospital?—Well, I am opposed to that on the same grounds as Mr. Swaney—that the material would be very likely to be distributed about.

3277. Sir RICHARD MARTIN.—Do you consider that the general practitioners about the country are fairly well informed on the subject of ophthalmic surgery?—I think there has been a vast improvement within the last few years. Since these two institutions have done such an amount of work. One can perceive that by the cases they receive from practitioners in the country—and the way in which these practitioners recognize disease which formerly I believe they were utterly unable to do.

3278. Do you think that the obligations imposed upon students to attend an ophthalmic hospital for three months are sufficient to insure an adequate amount of knowledge in that branch of the profession?—I should like to see them much more stringent, but I think it is the utmost we can hope for at present because really so much is put upon a student now—

he has an enormous deal more to learn than when I was a student.

3279. Mr. HUTTON.—What proportion of students come from the country—does a large number come from the country?—A very large number indeed.

3280. Are there any ophthalmic hospitals in the country towns in Ireland?—There is one in Cork and there are two in Belfast.

3281. You get patients I suppose from every part of Ireland?—We get them from every part of Ireland.

3282. And if they come from the unions you are well paid for them—are you not?—Oh, yes—we are paid by the unions.

3283. Is there any special training required for your nurses—or would an ordinary clever trained nurse do?—Well, I think there should be always special training for the nurses. There are misapprehensions about the eye that every nurse should be taught.

3284. Mr. KANISHER.—Did you hear it stated the other day that the real difficulty with regard to the amalgamation of St. Mark's Hospital with yours is a legal one?—I have heard that.

3285. Have you got a charter?—No.

3286. I suppose you don't think there is much reality in that legal difficulty which has been spoken of?—Well, I must say I am sceptical.

3287. You agree with Dr. Swaney with regard to the desirability of amalgamating the two hospitals if it could be brought about by any means?—I understood you to say in reply to Mr. Armstrong that you have no desire to fix yourselves either at Lincoln-place or Molesworth-street?—Yes—we have no such desire.

3288. How do you propose to raise the funds which would be necessary to complete the new hospital—do you expect it would come from the grant or from the public for that is a material consideration?—Well, I should expect we would get a very large amount from the grant.

3289. Would you expect to get a building grant or would you expect to get support for the beds—surely you would not expect that the grant should be designated for the purpose of creating hospitals that had not already existed. What would you say to getting a grant in proportion—that is as much per bed. Would you have sufficient confidence in the public and the popularity of the representation on the Board of Governors, to collect such a fund as would raise the new building?—I would be in favour of getting a grant for the building and trusting to the public for support.

3290. Would you expect the Crown to give you money to build an hospital—or in other words to give so many thousands of pounds to be spent in stone and mortar, without any guarantee that you would succeed with the public as regards your support. If you got the money there would be no difficulty about building—but what guarantee could you give that having built the hospital it would be supported?—I should have no fear myself.

3291. Would it not be a more equitable thing that you should produce the building and that the Crown should support the beds? That is the real crux as regards the amalgamation, I apprehend?—I am afraid in the present state of affairs in this country we would find it very difficult to raise the money for building.

3292. That is the difficulty—the getting of the money. You cannot expect to get money for building an hospital when other hospitals don't get it?—Well, I think if we had a good grant—a really beneficial grant—we would be easily able to raise the money for building.

3293. Mr. HUTTON.—The relations between the staffs of the two hospitals are of a cordial character, I believe?—Of a most cordial character.

3294. Do any of the students attending the National Eye and Ear Infirmary also attend St. Mark's Hospital?—No; I think not.

3295. Mr. ARMISTEAD.—Do you receive pay patients in your hospital?—We receive pay patients—that is they pay something extra for separate wards, but the staff do not receive any remuneration whatever—that is forbidden.

3296. Mr. KEMNEY.—You heard me ask your colleague, Dr. Swaney if there was in contemplation

anything at all like a "liberalized" idea as to the election of your staff. I believe it is a fact that you have appointed a Roman Catholic as assistant surgeon at your house in Molewath-street?—One of our assistant surgeons is a Roman Catholic—our house surgeon is a Catholic, and our head nurse is a Catholic.

Nov. 25, 1896.

Dr. Charles E. Fitzgerald,  
Bristol, Oct., 1897.

Mr. Marcus Fortius Moss examined by the CHAIRMAN.

Mr. Marcus  
Fortius Moss.

3297. You are I believe a Member of the Committee of Management of the National Eye and Ear Infirmary?—Yes.

3298. Have you any remarks to make?—I do not thoroughly agree with what Dr. Fitzgerald said. I think we would have the greatest possible difficulty in getting money to raise the building. In some hospitals we find it the greatest possible difficulty to get money at all. I think that probably one of the buildings of these two hospitals might be sold, and the sum got for it might be supplemented by the Government in some way. Then again upon another point the public are not all in favour of amalgamation, because a great many of the public think that competition is good. I am in favour of amalgamation myself.

3299. Mr. HOGGINS.—When you say "if the Government would support it," you don't expect that the Government will add to the present grant for the purpose of supporting your hospital?—No, but that the Government could supplement the sum we would derive by selling one of the buildings in order to make one large hospital.

3300. But that would be adding to the amount now voted by Parliament?—No, but that they would capitalise the grant.

3301. And give you portion of the capitalised sum?—Yes, £1,000 or £2,000.

3302. Of course you are aware that there is no precedent for the grant to the Dublin hospitals. You are aware that no other hospitals in the United King-

dom receive one penny?—Yes; if you will allow me to say, on hearing the examination to-day that it is very necessary to have two fever hospitals in Dublin—one at the north side and another at the south side of the city—it struck me that the old buildings of the Hardwicke might make a very good fever hospital—and the fact of the hospital being in the outskirts of the city is an advantage.

3303. Mr. KEMNEY.—Well, I think that the Hardwicke Hospital is in a most dangerous position—having regard to its proximity to the North Union Workhouse. Before you express an opinion on that subject may I ask you are you aware of the great proximity of the Hardwicke hospital to the Union?—Some people say there is no harm in having fever cases in a general hospital—which I object to. I say when you have a large building like the Hardwicke hospital in some isolated place, it is the proper place for fever cases.

3304. Do you know anything about the site of the Hardwicke Hospital or its surroundings?—No.

3305. You are not aware of the position of its laundry, and its proximity to patients belonging to the hospital of the union who are not fever patients?—I am aware that just as it is at present constructed it could not do, but it could be altered and utilized for the purpose.

Witnesses were then examined on behalf of the Orthopaedic Hospital.

Dr. Robert L. Swan, F.R.C.S., L.R.C.P.S., examined by the CHAIRMAN.

Dr. Robert  
L. Swan,  
F.R.C.S.,  
L.R.C.P.S.

3306. You are Assistant Surgeon to the Orthopaedic Hospital?—Yes.

3307. You have a ladies' committee there?—Yes, it was thought to be a good practice to have a ladies' committee in an institution where a great many of the patients are very young children.

3308. And they act very harmoniously together?—Yes.

3309. Do you think there is a necessity for the existence of this institution as a separate hospital?—Well, sir, there is a necessity for the existence of the hospital in some form, I would not be against it being a departmental part of a large hospital, but that there is a necessity for the hospital's existence in some form I am prepared to demonstrate and explain. In a general hospital the class of cases that are treated in an orthopaedic hospital usually, through no fault of the surgeons receives a certain amount of neglect. For instance, when the case of a club foot comes into a large hospital—though it is not of a fatal character, it requires a good deal of attention. When an emergency arises in the general hospital, say such as a fracture of the leg, or when a heavy day's work comes on when an amputation has to be performed—a disorginated hernia to be dressed—or a number of surgical operations gone through, the club foot is neglected. The consequence is that at the termination of several months it is in no better condition than at first. Hence, we see a great number of cases in the country of persons suffering from club-footed children unable to walk. As a matter of fact, without saying that the surgeons were not able to treat them, I may say that a great many cases I see, have been treated before either in general hospitals or in the country.

3310. And treated not well?—Unsuccessfully.

3311. You have got both intern and extern patients?—We have.

3312. Would you wish to make any general remarks?—I would wish to state that we have always suffered from an anxiety as regards the funds of the hospital. Our anxiety has been great at all times to get money enough to support the inmates of the hospital.

3313. And how are you supported?—By voluntary subscriptions.

3314. Entirely by voluntary subscriptions?—We get £100 a year from the Corporation of Dublin. We think that the charitable public has been rather led astray by the fact of there being two orthopaedic hospitals in Dublin—and to remedy this we made a proposition some years ago to amalgamate our hospital with the hospital at the more southern end of the city. This was met by a negative response. We deposited three of our staff—Dr. Robert McDonnell, Dr. Edward Hamilton, and Mr. John Fox Goodman, to meet three gentlemen from the other hospital, but those declined to entertain the proposition of amalgamation—so we have been going on by ourselves. We have so far got on very well, but we are in pressing need of funds.

3315. Have you found that the contributions to your hospital have fallen off recently at all?—I do not think so, but rather the reverse. They have increased, but that may be due to the amount of work done by our hospital. Our work has increased also, so that our expenses have been at all times commensurate with our income.

3316. Mr. HUTTON.—Are there two other orthopaedic hospitals in Dublin?—No, only one other.

3317. Is there not one at Bedford-place?—No,  
U 2

Nov. 21, 1885.

Dr. Robert  
L. Shaw,  
F.R.C.S.L.  
L.R.C.O.P.

cours was on the quay, but we changed it to Brunswick-street.

3318. Mr. O'REILLY.—Would there not be sufficient accommodation for you in Stewarts' Hospital if you came to terms?—I suppose there would.

3319. I believe Stewarts' is not fully occupied?—Well, I heard the evidence here, but I have no personal knowledge at present of the condition of Stewarts' Hospital.

3320. Do you know the interior of it?—I was resident surgeon there.

3321. You know the apartments that are in it?—I do.

3322. Do you consider there would be sufficient room in it for your patients, provided you came to terms with them?—I suppose there is room enough, but I fear that would not be a very easy matter to accomplish. The governors of Stewarts' Hospital are a very distinguished body, and I do not think that they would amalgamate with an hospital like ours.

3323. Sir RICHARD MARTIN.—Where is the other orthopaedic hospital?—On the Adelaide-road, near Harcourt-street Terrace.

3324. You say that orthopaedic cases would not receive attention in a general hospital by reason of more pressing and urgent cases calling away the attention of the surgeons?—That is what I mean to imply.

3325. If there was a special ward for orthopaedic cases, would not that meet the difficulty?—It would.

3326. A small ward?—It would.

3327. I observe that there have been no students at your hospital?—There is no imperative necessity for students to take out any special course of orthopaedic surgery in this country, but there is a great attendance of practitioners and students to the hospital, who are practice there which is not carried out in ordinary hospitals.

3328. Would not you think it would be a great advantage if students who attend general hospitals had an opportunity of seeing orthopaedic cases?—Indeed I would.—I believe it is the general impression among the profession that it would be a great advantage.

3329. The CHAIRMAN.—I understood you to say that you would not look with dissatisfaction on the disappearance of this hospital if you could get special wards in other hospitals—large hospitals?—Yes, if it could be done, and that the work could be carried out for the benefit of the public, who obviously would be relieved of the necessity of providing funds for this hospital.

3330. You do not think that orthopaedic patients would be properly attended to in a general hospital?—No, certainly not.

3331. Unless there was a special ward?—Yes.

The Commission then adjourned.

Nov. 28, 1885.

# MONDAY, 23RD NOVEMBER, 1885.

The Commission met at half-past twelve o'clock, in the Council Chamber, Dublin Castle.

Present:—Sir ROWLAND BLINDEHAMSETT, Bart, D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart, D.L., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARDREINOT HOLMES, Mr. RICHARD OWEN ARMSTRONG, J.P., and J. P. O'REILLY, T.C.

The Secretary (Dr. THOMAS MYLES) was in attendance.

The minutes of the previous sitting having been read and confirmed, witnesses were examined on behalf of Sir Patrick Dun's Hospital, the first called being

The Rev. Samuel Haughton, M.D., F.R.C.D., who was examined by the CHAIRMAN.

Rev. Samuel  
Haughton,  
M.D., F.R.C.D.

3333. Dr. Haughton you are one of the Governors of Sir Patrick Dun's Hospital?—I am.

3334. It is a very old institution, is it not?—Yes—founded in 1820.

3335. And has it always been connected with Trinity College?—With Trinity College and with the College of Physicians. Trinity College appoints the Surgeons of the Hospital and the College of Physicians appoints the Physicians. It is connected with both Colleges.

3336. Would you explain to us at more length the connection which exists between the College and the hospital?—If you will allow me, sir, I have prepared here notes of a carefully considered short history of the hospital, and if this could be taken down, it would be perhaps the best way to get at what you want. Our hospital takes its name from Sir Patrick Dun. He was a Scotchman and came from Aberdeen—he was Doctor Patrick Dun, and body Physician to King William III., and rode beside that monarch at the battle of the Boyne. It appears that a nine-pounder shot came across the King's horse, tearing away some of his clothes. The King thought he was badly wounded, and that his time was come, but Dun found as a matter of fact that he was not—that he was only slightly bruised. So the Doctor told him he might sit at his home for another hour which he did, winning the battle in the meantime. For this and other services Dr. Dun was made an *apex auratus*, having the right to wear gilded spurs. His name is over the door of the hospital to this day with *apex auratus* appended. Sir Patrick Dun left a widow

with no children. He also left—widow so far as we are concerned was much more to the purpose—a quantity of money with instructions that the widow was to have the use of it for her lifetime, and that on her death the remainder of his property was to go to found a Professorship of Physics, and that the Professor of Physics was to teach by means of Clinical instruction at the bedside. He was undoubtedly the first and most excellent man of our times who saw that the true means of teaching the practice of Medicine and Surgery was at the bedside. But to proceed with my narrative—His widow lived as long as ladies under these circumstances generally do, and it took a long time before the money came in; but in the year 1785 an Act of Parliament was passed—the 25th of George III., chapter 48—in which for the first time a complete School of Physics was founded in Ireland by a partnership between Trinity College and the College of Physicians, and in which clinical teaching was made a necessity. That is 100 years ago. The College of Physicians were to supply each hospital as they could get from time to time and from place to place, for the purposes of this clinical teaching, and temporary arrangements were made for each Clinical teaching at various hospitals. I think—if I recollect aright—they employed Mercer's Hospital as one time for the purpose and another hospital in the city; but that is an old story. Well, after 15 years—that is in the year 1800—the money of Dun's estate had accumulated so as to produce much more than was required to found a professorship of Medicine, and in that year—1800—an Act was passed which is called



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the School of Physic Act—it is the 40th of George III., chapter 84, and that is now the foundation of the Irish School of Physic. By that Act all dissection as to the use of the surplus money from Don's estate was taken from the College of Physicians, and the surplus of the revenue of Don's estate, after paying certain fixed charges to the College of Physicians, was devoted to build and maintain Sir Patrick Don's Hospital. That hospital was to consist of two wings and a centre building, each wing of which was to have 30 beds, and the centre portion was to be the College of Physicians with their Library and Museum. This Act was passed, I should mention, by the Irish Parliament, and I believe it is remarkable as the penultimate act of that Parliament. In 1808, the sum of £6,346 from Don's estate had been expended, and in addition, a Parliamentary Grant of £6,904 was obtained, so that the west wing of the hospital containing thirty beds, was opened on the 24th of June. Subsequent Parliamentary Grants completed the east wing and the central building, and made the handsome institution that we now possess. But we received further favour from the Government than merely helping us in our buildings, because twice Sir Patrick Don's Hospital in the early part of this century had an opportunity of coming to the front—during the terrible fever epidemics of 1818 and 1828—and the Government then aided the hospital funds to such an extent that 150 patients were able to be treated at the same time on the premises. That was during the dreadful epidemic of 1828. The central building was used as the hall of the College of Physicians, including their Library and Museum, and was so used by them up to the 1st of July, 1844, when the last meeting of the College was held in the hospital, and the central building was handed over to the Governors for the accommodation of patients. This was done largely through the energy and foresight of the late Sir Dominic Corrigan, who built the handsome College of Physicians in Kildare-street, and withdrew, as he said, the College of Physicians from under the shadow of an hospital, but enabled us to extend the hospital into a first class institution. In 1852, my connection with the hospital began, and now I am the senior Governor. You will observe that in 1864 the College of Physicians made their exit, leaving us that large addition to our buildings, and two years later, in 1866, the institution again did good service to the public during the epidemic of cholera, when that additional space was very much required and fully utilized. In 1867, an Amendment Act was passed, introducing the study of surgery and midwifery into the hospital, which up to that time had treated medical cases only—that is the 30th of Victoria, chapter 9. I remember well Sir Dominic Corrigan and in the College of Physicians, when he was supporting my proposal to enlarge the hospital, that there were two hospitals in Dublin to which he objected. The first hospital was the Adelaide at which "you are asked what religion you profess before you can get in;" and the other hospital was Don's, "where you were told that if your leg was broken you must go on to the next hospital—we take nothing but medical cases here." But that is altogether altered now, and I think the Governors are greatly indebted to Sir Dominic Corrigan, and to his successor, Dr. Beatty, for the assistance they gave in extending the Medical Act, and the conversion of Don's into a Medicine-Chirurgic Institution. I now, my dear Sir, come in the course of my historical sketch to the nurses attending the hospital. During the epidemic of 1866 and 1867, the deficiencies of our nursing system became apparent—they were bad as bad could be, so much so, that in 1867 a Lady Superintendent properly trained was appointed, and such an officer has been continued ever since. We were the first hospital in Dublin to introduce the system of trained nurses, and that was nearly eighteen years ago. I was greatly pleased, but also somewhat surprised, on reading the evidence given before this Commission as

to the extreme excellence of the nursing system in all the Dublin Hospitals. In my ignorance, I was under a very different impression. I thought that some of them were very bad, and some very good; but when I heard it broadly stated that some hospitals could get as good nurses for £12 a year as we could get for £26, I rubbed my eyes and said, that was all nonsense. If a man asks me to dine with him, and gives me a bottle of Gladstone's claret, and tells me it is Lafitte, I won't drink it. You cannot get nurses whose services are worth £26 a year for £12. We have three staff nurses, and one night nurse superintendant, at salaries of £80, £25, £20, and £39 respectively.

3536. You have got a large number of other names at a lower scale of payment, have you not?—These are probationers. We have nine probationers at £10 a year with food and clothing. Therefore there are twelve nurses as probationers on day duty, and 6+ on night duty; but we can turn on more if we have any extra night duty. The result is that during the day time the daily attendance of nurses averages one to five and three quarters beds and on night duty each nurse takes charge of eleven and a half beds. We attach extreme importance to our night nurses. We think they should be the most prudent, the most active, and the most intelligent women in the house. The day for turning on an old woman to attend to patients in seventy beds has long passed by. With regard to the ages of our nurses, we won't take them under twenty-five, and we ask them to provide for themselves elsewhere on reaching forty-five. When a woman in an hospital comes to the age of fifty years she had better look out for a quieter berth. I should say, although it does not come under the head of hospitals, that in this improved training for nurses we availed ourselves of the opportunity of training private nurses for extra service.

3537. I beg your pardon, you say here that the oldest day nurse in charge is thirty—That is wrong—forty-five it should be. I ascertained that yesterday. She underbated her age in the returns. When I examined her as to her age she said she was thirty, but when Mrs. Hinxley examined her she said she was forty-five—she would tell the truth to a lady but not to me. But there is only that one over thirty—the others are all under thirty. As I was saying, we train a number of nurses for extra duty, and the women so trained are earning for us now at the rate of £300 a year which all goes to help the hospital funds. These women are very well paid. They have £37 a year from us, and they very often earn three guineas a week—they are all first class nurses. That is all I have to say, Mr. Chairman, as to Sir Patrick Don's Hospital. I beg your pardon—I was making a very important department of it—the maternity department. That came into operation in 1867. We have wards inside the house where the diseases of women are treated, and where women whose delivery is expected to be complicated may be brought in and attended in the hospital, but our main maternity business is outside the hospital attending women in their own homes. During the last ten years no fewer than 4,783 cases have been thus attended, 189 being the number last year. It is due to Mrs. Pigot, the wife of one of our governors, to say that additional aid was got up for these poor people. That lady with the help of her friends supplies a quantity of linen and baby clothes and other articles, and these to a limited extent are given to the poorest of patients so they require them and according to the discretion of the lady superintendent. That is often a very great help I can assure you. Altogether our maternity department is doing most useful work in that densely populated neighbourhood. I have to complain very much of the number of patients in our hospital that come from the Fenchurch Township, which township contributes nothing to our funds. We are just, as you are aware, on the borders of the municipality and the township. In 1884 there were seventy-three patients from Fenchurch Township who

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remained 1,490 days in the hospital. Well, we have no objection to them whatever. They were all interesting cases, and furnished material for teaching and instruction, still we thought it a hardship that the township should not help in maintaining them. These patients represented a loss in cash spent on food of appliances and stimulants of 203s. 6d. per day. I made it out at the time—food, 18s. 10d. per day; medicines and appliances, 5s. 7d.; and stimulants, 0s. 4d.—which shows by the way that we are very moderate in the use of whiskey. Well, that for 1,490 days I make £136 0s. 0d. Now I feel particularly sore on that point. It was very much owing to my exertions and those of Mr. Edmund Dwyer Gray, that we got £300 a year for this hospital from the Corporation of Dublin, which they have now paid for several years. But it is a hardship that after getting that for the hospital we have to pay out £136 for food, drink, and attendance on patients from the Pembroke Township, and if I included other charges—in fact the whole of the £300 given by the Corporation of Dublin would be eaten up by the adjoining township patients. I got a copy of the statement made out last Christmas and addressed it to the Pembroke Township Commissioners, stating that I was a resident of the township myself, and would gladly subscribe my share of whatever grant that they thought fit to give in aid of Sir Patrick Dun's Hospital. Well they offered a donation of £10, which I refused to take, because as I stated it was adding insult to injury. It was a most shabby transaction. The next point bearing on the hospital is the correction of an error in the accounts. I don't know whether it is necessary to go into much detail about it, but as table gives for maintenance of patients so much, and for maintenance of establishment so much. Well, first of all owing to the mode of keeping our accounts, the item of establishment charges includes £267, which was repaid by the extern nurses and which must come off the £2,417 returned by us—the cost of feeding the nurses is put down, but then they paid that £267; so that the real account was £267 less than is given. And there was another error that I can correct.

3338. Dr. *Wylie* (Secretary).—That figure is not based at all upon the income—the nurses' fees come into the income. It comes in at your debit side—£1,943 13s. 3d. maintenance of patients; £2,177 for maintenance of establishment. They are your own figures as handed in by your Registrar—I can explain that,—the second correction explains it. The total cost of the food is of course known to us, and then we subtract at the rate of £30 a year—the estimated cost of the nurses—and it is put down so much for the nurses and the balance for the patients. But on going over the figures carefully since this return was sent in with Miss Huxley, I found that the nurses cost only £18 3s. so that you are to diminish the cost from £35 to £18 3s.

3339. Mr. KENNEDY.—By how many paid nurses, because that will bring out the total?—That we have here—in the statement. The number of paid nurses is multiplied by 25, and it gives you the figure which is returned. It ought to be multiplied by only 18½—the balance is an over-estimate. These are the two corrections to be made, and then I think the accounts are fairly accurate. That makes the maintenance of patients £2,512, instead of £1,943, and the maintenance of nurses £1,587, instead of £2,417, and therefore, the cost of the patient in the bed is £36 10s. instead of £38 3s.—and the cost of maintenance, £23 14s. instead of £35. Selecting the years 1884-'85 is unfair, however. It would be better I think to take an average of ten years, because it so happens that last year there was an extra expenditure on repairs and buildings, and those charges are higher one year than another. I have gone over the hospital accounts for ten years, which give you a better average. The average cost of a bed in Sir Patrick Dun's Hospital when you take not the year 1884, but an average of the ten years preceding, is £22 18s.

3340. The CHAIRMAN.—The gross annual average cost per bed?—Yes, the gross average annual cost, and in connexion with that I would like to give you the average cost of some of the large London Hospitals. Of course anyone who knows anything about hospital management, is aware that the larger the institution the smaller the cost per bed should be; but compared with Sir Patrick Dun's, the London Hospitals give you these returns—Charing Cross, £61 per bed, Guy's, £45; King's College Hospital, £55; London Hospital, £62.

3341. These figures include rent, though?—It includes everything—the actual expenditure allotted per bed.

3342. And the rent is much higher in London?—Yes, but I think they also include comfortable quarters for the Treasurer and other people which they don't get here at all. Very often a retired merchant gets a snug berth in a London Hospital. We have not the same luxury here—I wish we had, I may say. But to continue—in the Middlesex Hospital the cost per bed is £20 10s.; St. Bartholomew's Hospital, £20 10s.; St. George's, £49 10s.; St. Mary's, £49; University College Hospital, £60, and Westminster Hospital, £39 12s. But any one who has been either a visitor or a patient in the Westminster Hospital, I think, would not like to go there again. It is not at all a satisfactory hospital. You will see that the average of these hospitals is quite up to the average of Dun's—about £52 a year, although having regard to the comparative size of the institutions, it ought to be less than ours.

3343. Mr. HOLMES.—What are you reading from Dr. Haughton?—I am reading from a composition of my own prepared from the London Hospital Reports some years ago.

3344. Is it published, or only printed for private circulation?—This is the published report of Sir Patrick Dun's Hospital, where I compare our expenses with those of the London hospitals. Our expenditure is taken from our own books, and the London hospitals expenditure from a blue book.

3345. Mr. ARMSTRONG.—Is the book you have in your hand a collection of your annual reports?—Yes; and I may state that until I became connected with the hospital the reports were never published at all.

3346. The CHAIRMAN.—You receive no Parliamentary grant now?—Oh, no, and we never did, among these exceptional grants which I have mentioned. But are quite open to an offer.

3347. I see from your income sheet that your return £304 19s. 8d. as "net profits from pupils"?—Yes, sir, I forget to say that our hospital is peculiar in this respect, that one-fourth of the pupils' fees are given towards the maintenance of patients. But I must not be understood as saying that I blame the hospitals whose pupils' fees go altogether to the teachers, because our Professors who are teachers in the hospital have salaries paid by the College of Physicians or Trinity College. I think we are right in giving a portion of the money derived from pupils' fees to the maintenance of the beds, but I don't say the hospitals that do not do so are wrong. I would not take that on me to say. But that is mixed up with the question of purchase and negotiation in hospitals on which I wish to try a word or two.

3348. First of all, what are the amounts of the salaries paid to your medical officers?—Nothing by the hospital. They are paid by Trinity College and the College of Physicians, except the House Surgeon. He has £100 a year; and the apothecary is also paid something. But the medical staff costs the hospital nothing.

3349. But do you know what the amount of their salaries is?—Oh, the College of Physicians give £100 a year, Irish, and Trinity College professors receive something more than that, according to the professorships they hold. But these salaries are not given exclusively

for hospital attendance in any case, because it is one part of the duty of these professors to attend the hospital, and also to give lectures in Trinity College, and the whole salary could not be, therefore, set down as paid to them for hospital work. It is a sort of retainer fee—for example, Dr. Bennett holds the position of Professor of Surgery in Trinity College, but he is required as part of his duty to attend the hospital and also to give lectures in College, so that it would be hard to divide his emoluments, and say how much is given for one duty and how much for the other.

3330. Have you thought at all about the amalgamation of this hospital with any other, or about the redistribution of the Parliamentary grant?—I would rather go on with the purchase question first. I think it is far more important. Dun's Hospital from the nature of the appointments being made by public Boards, like Trinity College and the College of Physicians is free from two great abuses that sometimes affect hospital working—that is the system of purchase and the system of nepotism, by which your son or nephew or some poor relative or friend comes in. Well, I need not say a word about nepotism, for every one condemns it, and Trinity College and the College of Physicians have no sons or nephews to put into office, and therefore it does not and could not exist in our case. And so also the question of paying money for an appointment is out of consideration, when the appointments are made by a public body. But there are two kinds of purchase, and I shall state as well as I can, from what I have learned—and state fairly the arguments in favour of them and the arguments against them, for I think it is worth the while of this Commission to consider the question. There is direct purchase and indirect purchase. Direct purchase I divide under two heads—unlimited purchase and limited purchase. The unlimited purchase is this system—the medical school is treated as a teaching speculation, in which when a vacancy occurs your colleagues elect a successor. Well the argument in favour of that is very strong. It is that the colleagues are the best persons to know who will be a successful teacher and who will draw the best class. It is agreed by all who are skilled in medical affairs in hospitals that the larger the medical class and the more competition that comes into it from the students the better the people will be taken care of. The poor people attended to in hospitals have a very great guarantee and safeguard in the skill of the teachers, and in the large class that is brought together by that system. Such a system I think, might be a safeguard, and if properly safeguarded would not be open to the objection which other forms of purchase I think are open to. The other system of limited purchase is what prevails in some very distinguished hospitals in Dublin. The price to which a share can go up is limited, and a portion of that, generally half, goes to the use of the hospital. There can be no doubt that that form of limited purchase is better than the unlimited, because the poor man is not excluded. If you run up the price of an appointment to £1,500, the poor man might be excluded, though most deserving; but if the price is limited, as in some hospitals, the appointment is practically within the reach of all. But in any case—if either limited or unlimited purchase, the system should be accompanied with a safeguard against the supremacy of the medical staff on the Board. The tendency of every medical staff to take the full control of an hospital into their hands—to exert the authority, so to speak of the lay government—in a thing which should not be tolerated, because there is always the risk of an hospital under such a system becoming a mere school of medicine, the charity element being lost sight of. Now it remains to be stated what the indirect form of purchase means. Some years ago my attention was called to advertisements in the Dublin papers, in which it was stated that the Surgeons and Physicians of a certain hospital served the poor without fee or reward. I wasn't name the hospital, but I answered that by a

letter to which I attached my own name, and which was published in the press, stating that the modesty of those gentlemen was so great that they stopped short of the truth—they only told half the truth because they did not only serve the poor without fee or reward, but they actually paid a very large sum for the privilege of doing so. As the result we heard no more of these advertisements. They were withdrawn; at all events that statement was. Now what is the fact? Medical men very often take up such positions as a good speculation and receive through less 10 and 15 per cent. on their outlay. Then when they want to retire they sell their appointments again. There are other forms of purchase more objectionable still, if that were possible. The manufacture of life governors is one to which I very much object—that is to say the manufacturers of life governors pledged to vote for a particular candidate. Twice in my life I was insulted by gentlemen offering to pay 20 or 30 guineas—whatever it was—to make me a life governor of hospitals, and really if I had not been a clergyman I would have kicked them down stairs. Imagine the cool audacity of such a proposition!

3351. The offer was to make you a life governor, with a view to securing your vote at a particular election for a particular candidate?—Of course, and just imagine a gentleman going on a Board as the mere cat's-paw of another. Another form of election I object to is where the man does not pay money for the vacancy, but where he secures the post beforehand. But, perhaps, the most despicable of all the modes of indirect purchase is in the case of hospitals where each of the medical officers has a vote on his colleagues, and a particular man cannot see the merits of the candidate proposed for election until some one hands him a cheque across the table, and then he withdraws the vote and votes for the candidate. That I knew to occur. I think, sir, that we ought not to condemn a modified system of direct purchase, if it be accompanied with the safeguard that the medical element shall not preponderate on the Board, so as to let the charity aspect of the institution disappear in its medical character. I am well aware that in Roman Catholic hospitals where there is another element on the Board, that such control over the purchase system does exist—that there is not so much risk—but the thing has occurred in Dublin hospitals.

3352. Mr. KENNEDY.—Do you mean by that observation that in St. Vincent's or in the Mater Misericordie transactions have occurred of purchase which you can establish as being consumable?—Oh, no; but the mischief has arisen in other hospitals—not the Catholic hospitals. That is to say the purchase system has got such a rein that the medical staff have a preponderating influence on the hospital board.

3353. The CHAIRMAN.—I have only one other question to ask you, Dr. Houghton—have you considered the general question of the amalgamation of the Dublin hospitals?—I have, sir.

3354. And also, the redistribution of the Government grant?—Well, I have considered that also.

3355. What would you say to the amalgamation of your hospital with another, the City of Dublin, for instance?—It is too late. If the Governors of Sir Patrick Dun's had thought of that when the Baggot-street hospital was started it would have been exceedingly wise and prudent; but I do not see how an hospital with private endowments, and another depending altogether on voluntary subscriptions, could amalgamate, even if their staff could be got to agree. Of course if you had a tablet race to work upon, one would say it would be advisable to put an hospital here and an hospital there, and probably you would manage the district which is now worked by Baggot-street and Sir Patrick Dun's Hospitals to one institution. That is the principle upon which Mr. Smith made out his report. Being an Englishman, he came over here and saw every thing from an English point of view. He said an hospital here should be supported, and another there, and knocked all our heads together; but we never did any-

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thing—we could not. With regard to the distribution of the grant, it is perfectly well known that the present arrangement was founded to a large extent upon the statements of the hospitals as to their being medical schools, and on that question I wish to give my opinion. Some of the worst medical schools I know are those connected with the London hospitals. There is nothing inherent in any hospital enabling it to teach the theory of physics or of anatomy—its province is to teach clinical surgery and medicine. It is not necessary that a hospital should have a medical school attached to it; but it is necessary that the medical school should have an hospital in which its students might receive clinical instruction. Let the scientific teaching be attended to in the school, and the pupils be taken to the hospital for practical purposes. When the International Medical Council met in London it was the universal remark, how bad were the schools connected with the hospitals. And I know there is a movement now on foot in Oxford and Cambridge to have the scientific part of the professors taught at the university whence the students could come to the hospitals for clinical teaching. Since the Government grant was redistributed, it is notorious that two of the hospitals have lost their schools—Stevens' is gone, and the Carabriel School migrated from the Richmond one to Aungier-street, and I think another redistribution of the fund is absolutely necessary. In such a redistribution, I think the first thing to do would be to see what really good, honest work each hospital is doing, and let it have a share according to that work.

3346. Would you be in favour of the grant being capitalised and then distributed once for all, or would you have a periodical revision of the grants?—I think a periodical revision would be better—one hospital might go up and another down.

3347. And to what body would you intrust that periodical revision?—Well, I thought over that, and from my experience of the extreme faleness and cowardry of the Corporation in the examination they have given every one of their own grants, I would be quite prepared to accept their decision in the matter of such a redistribution. We have nothing to complain of in the conduct of the Corporation—they are not far in their dealings towards all the hospitals, but I think the grants should be readjusted every year.

3348. From year to year—so often as that?—Well, perhaps, not so often. The Committee of the Sunday Hospital Fund distribute that fund year by year, according to the work done and so forth. But I would not capitalise the grants and give this hospital so much and that hospital so much—the thing should be revised periodically, not fixed once and for all.

3349. On the general question of the amalgamation of the Dublin hospitals have you anything to say?—I don't see how it is possible.

3350. Don't you think that some of these small hospitals, for example, might cease to exist?—Indeed many of them would be no great loss. But I think there should be two central fever hospitals—one on the north side and one on the south side of the city. At the same time the general hospitals should teach fevers, but I would have two centres for fever to provide for times of epidemics. If there is only one you will kill the patients in carrying them to the hospital.

3351. But there are some very small hospitals that might easily disappear without disadvantage?—Yes, but I think if the public stop subscribing to them they will go down very fast. I would not support them at all. They are got up by a clique, but for a short time, then break up and disappear. But the hospitals doing the real work ought to be enlarged and strengthened. I don't know any hospital in Dublin that has money enough; it is a sort of chronic condition.

3352. Mr. AMUSEMENT.—I take it that Sir Patrick Dun's is perfectly non-sectarian, Dr. Haughton?—The

Board of Governors of Sir Patrick Dun's have nothing to do with the election of other physicians or surgeons. At this present moment, on the Board of Dun's, we have three very distinguished Roman Catholics—Dr. Cruise, the President of the College of Physicians, Dr. Quinlan, the Censor, and Master Pigeon—and they are about the most active members of the Board. But the elections to the staff are made by the authorities of Trinity College and the College of Physicians.

3353. But as regards appointments to the lower staff the institution is managed on non-sectarian principles?—Yes. The invariable instructions we give are to have an equal number of Roman Catholics and Protestant nurses. At first we experienced some difficulty, but since Stevens' Hospital, under the authority of charitable ladies, took up the training of Roman Catholic nurses, we have no difficulty.

3354. Have you rules or regulations in connexion with the training of your nursing staff?—Oh, yes.

3355. In print?—Yes. This (print produced) is a copy of the regulations. They are printed as an appendix to our report—"Sir Patrick Dun's Training School for Nurses." We require them to enter into an engagement to stay with us for three years. The first year they earn nothing, and the second and third years they are still on our staff; their wages are increased, and they are required to give us their time in attending externs, nursing. After the three years they are free to go if they can better themselves. We make them sign an engagement that they will continue for three years with us, but it has occurred once or twice, that a woman who entered upon the course of training felt tired about fevers and such things, and we thought it better not to hold her to her engagement, and so let her go. But we take Roman Catholics and Protestants into training, and interfere in no way with them.

3356. With regard to pay patients—you have patients of that class?—Yes, we get a grant of £80 a year from Trinity College for treating without pay three any student that gets fever in the college. There were two young men came last year, for instance. Their father was a clergyman down in Kerry, and he wrote to ask what was to pay. I replied telling him of the arrangement between the college and the hospital, but he would not allow of such a thing—he said he was able to pay, and sent us £10 as a thank offering. But it is a great benefit to the students. St. Stephen's parish gives us £45 a year, and the Education Commissioners have sent patients to us at 2s. a day, but those have latterly gone to the Mater Misericordie, it being nearer to them.

3357. Having regard to the large numbers of which your Board consists do you think the attendance of Governors is satisfactory?—Mine is very satisfactory.

3358. So I see; but is the general attendance so satisfactory?—That is a thing on which I wish to say a word. The ex-officio only come to elections—for the ordinary work they are of no use. The work of the hospital, as a matter of fact, falls on three or four Governors and two or three members of the medical staff who volunteer to sit on committees. I think that reform is wanted in that direction, and that is the case of every hospital receiving a Government grant, if a man is reported by the Board for non-attendance he should be removed, and another Governor appointed in his place. I would have a short Act passed to provide for that being done, any other Act or agreement to the contrary notwithstanding. I am quite clear about that—in fact it is not fair to throw on three or four men the work that twelve men ought to do, and none of us are getting younger—we are on the contrary getting older, and less able to do the work. There ought to be some measure to provide for that—it is a crying evil.

3359. That non-attendance should disqualify?—Exactly, unless the man gives a large subscription to compensate.

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3370. Sir RICHARD MARTIN.—Are the members of your medical staff elected for life?—Oh, no, for seven years.

3371. Do you think that is a beneficial system?—I think it is a more permanent tenure of office than an appointment for life, because nobody will over tax him out if he does his duty. At the same time, it gives an opportunity of retiring a man who neglects his duty, but that is a very rare thing.

3372. Is it more satisfactory that they should come up for re-election?—I think so. I am in favour of annual elections for every officer; it gives an opportunity of keeping an officer up to the mark; but ours are septennial.

3373. Do you consider it better to leave the elections in general hospitals to the committee of management with the advice of the medical staff, or to let the entire body of governors elect?—Oh, the entire body of governors is only a flock of sheep. I would give them no power whatever except to pay money. The committee of management should have the election, but let the medical officers recommend some names to them. I believe that system works very well where it has been tried. In Dan's Hospital such appointments as are not made by the Colleges used to be regulated on different grounds. First we tried examination, but we found that would not work, and lately, while we retained the power of appointment in the hands of the Board, we asked the medical staff to recommend who should be house surgeon and who resident pupil. We have invariably accepted the gentlemen so nominated, and we have never been disappointed in the result, because the medical staff know the best men for these posts and the lay governors do not.

3374. You mentioned that the hospital received £300 a year from nurses?—Yes, we are getting at the rate of £304 a year with those private nurses.

3375. Educating the private nurses, as you style them?—No, we train them for a year, and they sign an agreement to stay with us for three years. Their wages increase during the second and third years, and they give us all they can for nursing in private houses. That is now at the rate of over £300 a year, and the item is an increasing one.

3376. How many nurses do you turn out in that way?—There are fourteen externs working.

3377. Are they maternity nurses as well?—Oh, no. The Corporation gave us £200 a year for the hospital, and £50 a year for the maternity nurses. They are under the King's Professor, and live in Hollow-street. But they earn nothing—they merely sustained the poor under the direction of the King's Professor of Midwifery. We have no private maternity nurses—they are all in training.

3378. And how many maternity nurses are trained annually?—Well, there are generally about sixteen or eighteen trained in the year. Their course of training lasts six months. In former times we trained them by the hand—In Sir Edward Stakely's time; because we made arrangements with the army authorities that the wives of the soldiers should be sent to us and trained as midwives, and the non-commissioned officers' wives from every regiment quartered in Ireland were sent up to Dublin, got free quarters in Beggar's Bush Barracks, and we trained them for six months. In that way we had a much larger staff of nurses than at present for the sick poor; but even now Dr. Kiripatrick thinks that the staff of civilian nurses we have is quite competent to work the maternity department at the rate of 400 a year.

3379. But now you train about sixteen in the year?—From sixteen to twenty in the year.

3380. Have the students attending your hospital to go to the Coombe or the Rotunda?—The common run of students like to learn midwifery in the easiest way, and therefore they go to the Rotunda or the Coombe where there are intern patients; they won't take the trouble to go round our extern cases. These

students find it much easier to learn in the Rotunda or the Coombe on intern patients, but there are students who attend our extern cases, and work hard.

3381. And it is the ordinary staff that attend the extern cases?—No, a midwife goes out; but she has always the staff to fall back upon in the event of any complication or dangerous symptoms arising. The head nurse takes charge of the department under the King's Professor.

3382. Mr. HURROX.—You did not mention her before?—I thought I did. She gets £30 a year with residence and retinue. She lives with her staff at Hollow-street.

3383. Sir RICHARD MARTIN.—With regard to the periodical redistribution of the grants, which you have suggested, would you have it as an instruction that the work done should be the only matter to be considered to entitle the particular hospital to its share?—No, I think not. That question has been fully discussed for many years in Protestant circles, in connexion with our Sunday Hospital Fund, and we found that if the actual work done was adopted as the only test, the subscriptions would fall off, because an institution like St. Vincent's, with large endowments, would do more than others. We made it a mixed test of the subscriptions received and the work done, and that has worked very well. The former tests the confidence that the subscribers have that you are doing your work well, and they are very often represented on the board of management of the hospital. I think it ought to be a mixture of the two elements. I forget what the exact relation of those that the Hospital Sunday Fund is administered upon, but I think it is two-thirds subscriptions and one-third work done.

3384. That is, actual work done in the hospital?—Yes, and the efficiency of the nursing arrangements, and the goodness of the dietary are also taken into account.

3385. But do you consider at all the question of medical education afforded by the hospital?—Not at all; we look at it as pure charity. We care nothing about the students.

3386. Has it not always been considered, however, that one of the main reasons for asking a Government grant is to keep up a good medical school?—I dissent from that altogether; I think a good hospital will always draw students. You must not confuse the two things—the medical officers teach and the pupils pay them for teaching, and that is their affair; but the lay governors look after the charity.

3387. But has not that been the strong point urged in favour of the Government grant?—That was the older disease of Mr. South, from which I entirely disagree. I have explained that the big hospitals are not good teaching institutions.

3388. And do you think that if the Government grants were withdrawn altogether you would have as good a school of medicine in Dublin, and as good hospital experience gained by our students?—I will take higher ground than that—I would not allow our stepmother, England, to take back one penny; we will keep the grant and distribute it among ourselves. But I think the hospital that is doing the best work will have most students and the best teaching. The students will naturally flock to the best hospital.

3389. Would you strike off then all the hospitals that have no students at all attending them?—No; the Lock and the fever hospital must be kept up—how could you touch them?

3390. But there are several other hospitals returned as having no students attending them?—Might I ask what hospitals?

3391. Well, the Orthopaedic Hospital, for example?—Does it get a Government grant?

3392. No; but would you consider that such hospitals would not be entitled to a share of the grant when redistributed?—I don't know any hospital that has no students attending it, with the exception of the Lock and the Cork-street Fever Hospital.

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3393. Cork-street Hospital has students attending it!—Very few, though. Students won't go, as a rule, to a fever hospital. It cannot be suited for the purposes of teaching—that is our experience, and it is much better to have isolated fever wards in the general hospitals and teach the students there.

3394. Would you be in favour of allowing students into the Lock Hospital?—Certainly not. I have a large experience of lock hospitals in England and in Dublin, and I think that if there be means of teaching syphilis elsewhere, which I believe there is, it would be a wrong use to put these hospitals to. The reformatory point of view ought to be the chief element of these hospitals, and from what I know of the essential character of the patients, they would have a greater objection to come in than now if they were viewed by students. For the sake of the women in the Lock Hospital I would not allow the students to attend there. It has been suggested that you could allow two or three senior pupils, who were making a speciality of the disease, to go in and see the cases as medical men—that might be allowed, but to bring in a class of students and teach them on these poor women is a thing I would strongly object to and protest against.

3395. How would you propose educating the rising young men in that branch of their profession?—Well, Dr. Purser and Dr. Bennett will give you evidence upon that point as to the facilities that exist otherwise, for we have facilities for teaching this important subject.

3396. Mr. HURROLD.—The only question I want to ask is about the daily attendance of the students at hospital—it does not look very favorable on paper; you state that the average number of students for the last three years was eighty-six, and thirty-nine in the average returned as signing the attendance book daily, but the record does not include students of Trinity College—on what ground does Trinity College not exact the same certificate?—Do you wish a long answer or a short one to that question?

3397. The CHAIRMAN.—Oh, a complete one, please!—I will give as short a one as the subject admits of; but I will have to give you a few questions from the College Calendar. On the 3rd December, 1859, for the first time, the Board of Trinity College took up the question of attendance of medical students at lectures and hospitals. Up to that time the practice was, and has still continued too much to be, that the student paid his fee for lectures and hospital attendance, and got his certificate at the end of the course, good students attending, but others not. On the date I have mentioned it was resolved by the Board, "That the Medical and Surgical Professors of the University and School of Physic be directed to enforce strictly the rule of the Board which requires three-fourths of the total number of lectures to be attended by each student in order to obtain credit for a course." Some years later it was found that that rule was not working satisfactorily—there was a general reluctance to enforce its strict observance; and on the 17th June, 1865, it was resolved, "That the University Professors in the School of Physic do henceforward, during the Medical Session, call a daily roll of the students who have joined their classes, and that this practice do commence with the Session 1865-66." Notice was taken in that same year, 1865, for the first time, of the extern schools, it being resolved, "That the extra Collegiate medical schools in Dublin, whose lectures are recognised by the University, be requested to make a return to the Registrar of the Medical School of the names of such students of Trinity College as are in attendance on their lectures, together with the number of lectures attended by each student." That did not work either—it was very hard to get the rule to work—so we came to the 6th of January, 1874, a good while after. I was medical registrar during all these years, and I found that there was a general willingness to sign what I call an elastic certificate—that so and so had attended diligently a certain course of lectures, and I was forced reluctantly to the conclusion that I must make the

economy of truth more precise, as I got this resolution passed:—"That the medical registrar shall be authorised to refuse certificates of attendance at lectures and hospital lectures, presented by candidates for medical degrees, which do not state, on the face of the certificate, the number of attendances of the student, and the total number of lectures delivered." That went on and I need not detail the various expedients resorted to on one side and the other; we were twenty years fighting the battle, and the same difficulty occurred in hospitals as regards attendance, but we never conquered the hospitals. The truth of the matter is that it is difficult to obtain an accurate return of the number of attendances of the students at a hospital. We tried several methods. I thought I would solve the problem in Sir Patrick Dun's, as Medical Registrar of Trinity College, by providing a book for signature in the hall as the young men went in. I paid a porter to keep guard over it, and see that one man did not sign for others, but what was the result? Diligent students signed the book, passed in, attended Dr. Bennett's lecture, and worked properly; but a number signed their names, and left the place almost immediately for the more congenial quarters at the Road Club in Ranelagh. This having failed, we summoned a meeting at which all the hospitals were represented. You could not call a roll in the hospital, because the teaching is done not by a formal lecture, but by bedside instruction, and I thought that from our experience in College Chapel, where you cannot call a roll either, I would devise a system that would work in the hospitals. That was formulated in the following resolution adopted by the Board on the 23rd December, 1875, and by the University Council, on the 9th February, 1876—"That the Medical Registrar be authorised to receive evidence of 144 hospital clinical attendances as an alternative for the 48 lectures required by the order of the Board, 11th October, 1870, and that the attendance of students on either hospital lectures or clinical instruction must be ascertained by means of tickets, signed by the student and handed by him to his teacher." But that broke down, we did also an attempt to enforce returns of Trinity College students at lectures in the extern schools recognised by the Board, from the impossibility of getting the returns. In an hospital it was nobody's business, and we had to discontinue three hospitals, one after the other, for not complying with our regulation. We gave it all up then, and we adopted a very simple rule. It costs twelve guineas to attend nine months' lectures in hospitals, and very often that was not paid till the end of the course. I have known instances to occur where a student came with his twelve guineas, and there was no evidence that he had ever been in the hospital during the course, indeed I can tell you of such a case from my own knowledge. A student had attended diligently for two years at an hospital, but the third year's certificate was required. He called at the hospital, saying, "here is the twelve guineas; I want to get my certificate." "But you did not attend," replied the Registrar, and the money was returned. Another hospital took it however, well knowing that the man never attended the place during the twelve months the certificate they issued to him covered. That we could not tolerate; so the last change I devised, was that I would not receive any certificate until the twelve guineas was paid in advance. The resolution as it passed the Board on the 7th July, 1881, is in these terms:—"That as future as modified student shall receive credit for hospital attendance, unless his name shall have been furnished to the medical Registrar as having entered and paid his fees at such hospital, on or before 25th November." So that any student that pays now before the 25th November, we take for granted that he does attend.

3398. Could you tell us the arrangements between Trinity College and the Ophthalmic Hospitals, as regards their certificates?—There are no special arrangements. We accept the three months' certificate

either of the Ophthalmic Hospital or of the National Eye and Ear Infirmary.

3378. But don't you require that an hospital should have a certain number of beds before recognising its certificates?—Oh, certainly.

3380. And what is the number—we wish to have that on the notes?—We refused to acknowledge the so-called ophthalmic wards of the general hospitals, because there are only four or five patients in those. But we recognise any hospital with, I think it is, twenty beds for ophthalmic cases. However, of this I am aware, that as a matter of fact we only recognise the certificates of the two ophthalmic hospitals I mentioned—St. Mark's and the National Eye and Ear Infirmary. This rule was made on the 23rd June, 1889.—“Resolved, that certificates in ophthalmic surgery will not be accepted from any hospital which does not maintain permanently fourteen beds for ophthalmic cases only.” And that was passed for the purpose of striking off these sham certificates.

3401. Would you recognise a certificate from the Mouth Hospital to ophthalmic surgery?—Most certainly not. With regard to the return of the average daily number of students attending Sir Patrick Dun's, I have not the figures by me.

3402. Mr. HURROCK.—It is given as thirty-nine. Well, that thirty-nine merely represents Royal University and College of Surgeons students, who still have to go through the form of entering their names in the daily attendance book, and getting certificates. The average number of students in attendance for the past three years was eighty-six. The Trinity College students paying their money in advance are not required to go through any form of check. We failed to devise one that would be efficient, or at all trustworthy. I may say that this important question has been attracting the attention of the only body that can solve it—that is the branch Medical Council for Ireland. Dr. Lyons and I have taken the question up there, and we propose, if we can carry it through, to appoint and pay hospital inspectors by the Medical Council to see that the students really do attend. But at present there is no machinery for that—no officer in any hospital whose duty it is to look after such matters, and we cannot get it done unless we pay for it.

3403. Mr. KESSELY.—You have given your evidence so very fully, Dr. Houghton, that almost nothing remains for me to ask you; but with regard to the constitution of your Board of Governors I think I understood you to say that the ex-officio appoint the governors when vacancies arise, is that so?—Yes.

3404. And have you no other means of appointing to your Board?—None, whatever.

3405. Now, in point of fact your Board is constituted by men, who, perhaps, of all others, know least of the working of the hospital?—I should qualify that. Five of the ex-officio scarcely ever come near us—the four Judges and the Provost of Trinity College—but the remaining five—the President of the College of Physicians and the four Clerics, do give us great assistance. During the long time that I have been on the Board it has been our custom when a vacancy arose—as the first Wednesday in March after the vacancy occurred—to write to the President of the College of Physicians and the ex-officio governors, and say that if it met with their approbation the government would nominate as and so. We have been co-opted in fact.

3406. And you have been co-opted by a body of men practically not exceeding five though theoretically double that number?—Yes. The Lord Chancellor and the three Chiefs of the Law Courts are also visitors of the hospital, and think therefore they cannot, or should not, sit on the Board of Governors. I have only seen two of these ex-officio at the Board; one was Lord Chancellor Hall, who came about some outside business, and the other was the late Lord Chief Baron Pigot, who came to office, during the cholera year, to defray all the expenses of an ambulance to carry the cholera patients into the hospital. But

they consider that being visitors they should not sit on the Board as governors.

3407. But you give the evidence that your Board is practically created by five men?—Yes.

3408. And that is your constitution, within the law?—Yes.

3409. Do you think that that is as sound or as safe a mode as you could invent for us in the event happening that you are going to get a large share of the Government grant?—I think grant or no grant it is a most unsatisfactory state of things. It throws too much work on the willing home.

3410. And too much power, and it is our experience that unlimited power vested in a few leads to a variety of abuses; but I take it that you would rather see the constituency through which your Board would be appointed, enlarged?—I should like to distinguish—do you mean by introducing the subscribers?

3411. Just answer my question now, no matter what the body is. Would you not be in favour of entrusting the powers now exercised by five men to a larger constituency?—I would; but—

3412. That is an answer. Now may I ask you in what direction would you look for the persons by whom that body should be enlarged; would you give the power to some outsider to nominate men, or would you allow those who give a guarantee of their good will towards the hospital by substantial donations or yearly subscriptions to exercise it?—How could you exclude the subscribers of Trinity College—the Licent fess. We would swamp the outside subscribers.

3413. A good deal of that practically goes to pay the salaries of your lecturers with whom the sick poor of Dublin have not much to do—the poor have only to do with them inasmuch as they attend them in sickness, but inasmuch as their time is occupied in the teaching of pupils they have not so much to do with the poor as with the pupils—I quite agree with you that there is a distinction to be made between the money paid by an Act of Parliament and a voluntary subscription; but the Licent fess of Trinity College are purely voluntary.

3414. But they don't amount to very much?—About £300 to £400 a year.

3415. And that would only support about eight beds, but say that you get an income of about £1,500 a year from subscriptions, don't you think it would be an equitable thing to the subscribers and beneficial to the hospital to allow them to come forward?—And have a share of the government you mean?

3416. Yes?—But you could not put aside the representatives of Don's trust.

3417. No; I mean to supersede the new element in the existing constituency?—I don't think there would be any difficulty in providing that the constituency should comprise representatives of Trinity College, the College of Physicians, and the general subscribers.

3418. Mr. HOLMES.—Is it not the case, Dr. Houghton, that for the purposes of medical education a large hospital is much better than a small one?—That is a very difficult question to answer. That splendid surgeon, Scarpa, never had more than six beds at his disposal in the University of Pisa, and St. Dominic Corrigan has often told me that he learned everything he knew of medicine on six beds provided for him in Jervis-street Hospital. It is the brains that teach and not the number of patients. If a teacher has the patience to select his cases, he will teach better. To walk round an hospital bed after bed and bed after bed is often just so much time lost unless you have an intelligent and discriminating teacher who will say “Don't mind that fellow, his case is not worth looking at—pass on.” I think an hospital of 100 beds kept constantly full, with proper means of isolating fever wards, and perhaps teaching syphilis—but of that Dr. Bennett will speak hereafter—would be better than an hospital of 500 beds, far better. I don't believe in big hospitals. The Royal Infirmary in Edinburgh is the opposite pole to

Nov. 15, 1891.

Rev. Samuel Houghton, M.D., F.R.C.S.

Nov. 21, 1855.  
 Rev. Samuel  
 Haughton,  
 M.P., WATERLOO ST.

our system. There is only one hospital there, and everyone has to go there; we have too many and Edinburgh too few. Hospitals with from 100 to 150 beds with really good teachers, are the best for all purposes, in my opinion.

3418. Would you say that the clinical instruction is not well given in the Royal Infirmary at Edinburgh owing to its size?—It would be better if there was an opposition professor going round after the lecturer to impart his views. Opposition promotes teaching wonderfully.

3419. But, in this particular matter I don't think you represent, Dr. Haughton, the opinions generally held by medical men?—On what question?

3421. On the question of small versus large hospitals as teaching centres?—I represent the opinions of intelligent medical men. You must weigh the votes as well as count them.

3422. Have you considered, Doctor, that one effect of either a redistribution of the grant—which if it should be contained I regard as inevitable—or of its being capitalised would be to wipe out of existence the House of Industry Hospitals?—I have not considered that.

3423. You might consider that now—you are aware of course that the House of Industry Hospitals are at present almost entirely maintained by the Government grant?—I will say whatever I can for any hospital; but it is not fair to ask me that, I think.

3424. Assume that you had a tabula rasa and were given a carte blanche to settle a scheme for Dublin, how many hospitals would, in your opinion, be necessary, and where would you locate them?—Well, Cock-street Fever Hospital I would leave where it is—

3425. Before you proceed, let me ask you one question about that—the Sanitary authorities are bound under the Public Health Act to provide accommodation for infectious cases, would you not say that under any new scheme that may be devised, the Fever Hospital or hospitals should be maintained out of the local rates and that the public grant should be relieved of their cost?—I would like to know what the citizens would say to that proposition. I think that Dublin is overtaxed already and the townships undertaxed.

3426. I quite agree with you there—well, if the grant should be capitalised or should be redistributed I think you may fairly assume that the House of Industry Hospitals will have to shut up, because they are practically dependent upon the grant?—That is they won't be rebuilt, because they must be either rebuilt or closed—everyone knows that.

3427. If that be the case we should then have on the north side of Dublin Jervis-street Hospital and the Mater Misericordie, and Dr. Chance of Jervis-street Hospital, who gave us very valuable evidence on Saturday, was clearly of opinion that these with 300 beds in each would be sufficient for the wants of the poor on the north side of Dublin; but he was not able to suggest any scheme for the south side, and it is with reference to the south side of Dublin, excluding for the moment your own hospital and Baginbun-street, which I regard as giving accommodation for the outlying townships as well as for a portion of the south side, that I should be glad to have your opinion?—I think if it could be an extension of one of the existing hospitals, the Meath from its position, should be enlarged—it is very central. But a very great difficulty about enlarging it, is who to amalgamate. What will you do with Steevens? It is in the same position as Sir Patrick Dun's, having large private endowments. You may punish Bicevins of course by saying, "If you don't amalgamate we will leave you to your own resources," but that would be a hard thing to do, you might enlarge Jervis-street and give an endowment to the Mater Misericordie, and thus do great good for the poor of the north side of the city; and on the south side, unless you gave us all a share of the grant in proportion to the work we are doing, the Meath would, I think, be the most desirable hospital to enlarge. But, I repeat, it would be a great hard-

ship to extend the Meath Hospital at the expense of Baginbun-street and Dun's or even Moore's. That would be unfair; we are all doing work, more or less.

3428. The consensus of evidence given before Dr. Smith's committee in 1855, was to the effect that if these grants were withdrawn some hospitals must be eventually closed, and all would have to reduce the number of their beds, as the testimony showed that it would be hopeless to expect that any equivalent for the grant could be got from voluntary subscriptions, as you of that opinion?—Oh, certainly.

3429. But since then we have seen the Mater Misericordie built and maintained, and Jervis-street Hospital rebuilt, all out of voluntary subscriptions, and does that not to some extent show that the evidence given before that committee was wrong?—But the management of these institutions can tap sources of benevolence that the general public cannot touch. We all know that the Mater Misericordie was founded and maintained by the extraordinary energy of the late Cardinal Cullen; and when a man in his position throws himself into such a work as that he must succeed. He came over filled with the idea of Italian Hospitals, and appealed to the rich and to men not rich, and the necessary funds came in, and I think very properly.

3430. Take your own case; I see that in 1853, by a return given to Smith's Committee, your gross income from all sources is returned at £1,384 15s.; and last year, according to the table Dr. Hynes prepared for us, it is put down at £4,309, so that in the interval your income has more than trebled itself?—But more than £1,000 of that is Stock sold out—it is not income at all. It is a sign of exhaustion. The £1,384 of 1853 represents the revenue of Dun's Hospital—we had no subscriptions then. I and some others, when we came on the Board, went at the matter, and the cholera and small pox epidemics brought us into notice, so that we have now a pretty fair list of subscriptions.

3431. I presume then, Dr. Haughton, that both in the interests of the poor, and of clinical instruction, you consider that there is a necessity for hospitals as distinguished from Poorhouse Infirmeries?—Most undoubtedly.

3432. That being the case—and I agree with you—don't you think that what is necessary ought not to be dependent upon the casual substance of the benevolent, but that they should be maintained out of the local rates?—Well, I attach great importance to God's blessing in any work we do, and God will bless the gift of the cheerful giver. I would rather have £1,000 from voluntary contributions, than out of the public taxes. When the Social Science Congress met in Dublin, I was present at a great discussion on the subject of Hospital reform, and after listening for some time, I said, gentlemen, you are all talking in a foreign language to me when speaking of the blessed contributions of your great London hospitals; go round ours and you will find no corruption, no bloated retired merchants like a Raffles doing what he likes in the management, but you will find in our hospitals, even the poorest of them, an earnest class of men, and ladies, who believe in their particular institution, say it is the best in the world, and never weary in collecting money and doing everything they possibly can for it.

3433. I have only one other question to ask you—you alluded just now to our step-mother England: are you aware that by the bond she gave at the time of the Union, she only bound herself to the now existing state of things for twenty years from that period?—Queen Victoria tore up the bond when she signed the Irish Church Act Disestablishment Act.

3434. Mr. KENNEDY.—But we may take higher ground than that. When those twenty years expired they found that we could not live if she withdrew the grant, and the present step mother ought to have the same good common sense as the step-mother of 1830 had?—Oh, the grant will not be withdrawn—it could not be.



Dr. Edward H. Bennett, F.R.C.S., CHM., examined by the CHAIRMAN.

Nov. 22, 1888.  
Dr. Edward  
H. Bennett,  
F.R.C.S.,  
CHM.

3435. You are the Professor of Surgery in Trinity College?—Yes.

3436. You have heard the evidence which has just been given by Dr. Haughton, and as a general question may I ask, is there anything you wish to add to that?—Yes, about the payment of salaries. Dr. Haughton seemed to think that the payment of salary to a Lecturer in Sir Patrick Dun's was Professor, was a payment in fact—part for his services as a Lecturer and part for his services as a Professor. We are paid a certain salary like any other professors in the University, or in the King and Queen's College of Physicians, but that is not in any way with regard to our services in the hospital. As a matter of fact, several of the professors who receive salaries have no functions in the hospital at all. One-third of my salary is paid for lecturing in Trinity College, at a fee lower than the extern schools charge—instead of charging a three guinea fee, I charge two guineas—and the Board pays me £50 a year to do that.

3437. As to the general question of amalgamation, have you considered that at all—the amalgamation of your hospital with Baginbun Hospital, for instance?—Well, I think to amalgamate our hospital with Baginbun—it would be difficult—but it would also be useless. The amalgamation of two institutions would be quite unavailing, I think. It would disturb all the existing arrangements to get one institution which, practically speaking, would be very little larger than the existing ones. If an amalgamation could be carried out that would give the Dublin School of Medicine an hospital of equivalent value to the Royal Infirmary in Edinburgh, it would be one of the greatest benefits to teaching that could be imagined; but to amalgamate one or two hospitals out of the entire number would be, in my opinion, doing no good whatever.

3438. Would you then be in favour of a comprehensive scheme of amalgamation for the Dublin hospitals?—Yes, if it were possible to arrange that one or two large hospitals would do the work, it would be far and away the more efficacious expenditure of the money, and it would add to the weight of our clinical teaching immensely.

3439. Do you think there would be an advantage from an educational point of view, if such a comprehensive scheme of amalgamation were carried out?—I do—I mean if we had two hospitals,—not necessarily overgrown institutions, but of large size. There was a question you asked Dr. Haughton about the teaching of syphilis.

3440. Yes—do you think that the arrangements in Dublin for the teaching of students in that branch of their profession are satisfactory?—I do not; I think they are very far from being satisfactory, and I am strongly of opinion, that if any system could be devised by which, without wounding the sensitive feelings of Governors and subscribers—it would be possible to have special wards for both sexes, or even only for the male sex, in our general hospitals it would be an immense advantage. The difficult question is with reference to providing special wards for females in the general hospitals. There is a difficulty about that, because the character of the women that would be admitted is to a very large extent bad, and it is feared that their presence in an hospital would prevent subscriptions coming in.

3441. Do you think that senior students ought to be admitted to the Lock Hospital?—I do certainly.

3442. Mr. ARNOLD.—Have you got a valuable medical library attached to your hospital?—No, we have no medical library. Our medical library is in the College of Physicians.

3443. I was under the impression that Sir Patrick Dun's had a valuable medical library of its own?—There was a medical library there as long as the College of Physicians Hall was in the hospital building; but now it is in Kildare-street.

3444. Mr. O'REILLY.—Do you approve of the present system of hospital purchases?—Well, I have had no experience of it, I am happy to say, but I do not approve of it except under very great restrictions, and if the prices were fixed, as Dr. Haughton put it. Otherwise it is not a good thing.

3445. Sir RICHARD MARTIN.—What opportunity have the students now of acquiring a knowledge of syphilis in female cases?—Well, in every hospital there is a certain amount of it admitted. No matter what may be said as to the propriety of such admissions, a great number of cases are occasionally admitted, but it would be far better if they were taken in more freely.

3446. I suppose it would be only advanced students you would advocate should be allowed into the Lock?—No, I would put no restrictions upon the students. I don't see why we should restrict them from seeing women under such circumstances any more than you would restrict students seeing a woman with a broken leg.

3447. Mr. HURDIS.—Do you attach any importance to the statement made by one of the surgeons of the Lock Hospital, that there is difficulty in managing the women after a class of students had gone round. The witness to whom I refer said that it was not while the students were in the wards, and while the teaching was being given on the women, but after the students had gone the women get into a state of excitement?—I have seen and treated a great many cases of syphilis myself in our hospital, and I have never observed any difficulty, no matter how large the class, either during or subsequent to the visit—no more difficulty than I would have in the case of a large class and a woman with a broken leg. Those patients were isolated, of course, and we have always such patients in our hospital more or less.

3448. Mr. KENNEDY.—You heard, perhaps, that the gentlemen to whom Mr. Hutten refers said that he, though objecting to do the work in the Lock Hospital, would call upon the Governors of the general hospitals to admit these cases, and to teach the students on them there?—Yes. I think I saw something about that in the newspaper reports.

3449. And he was asked why put that work on the general hospitals and refuse to do it in his own, and he made the reply that Mr. Hutten has stated; but when it was suggested that the same difficulty which he apprehended in the Lock might occur in the special wards of the general hospitals, if such were set apart for those cases, he could give no answer as to how that was to be dealt with; and I wish to ask you now do you think there is any danger whatever in having a special ward in the Lock Hospital, so the patients in which you might give better clothing and better diet as an inducement to go in—would there be any difficulty, do you think, in such an arrangement?—I think not. I don't see where the difficulty is at all.

3450. Are you not aware that when a young fellow gets a diploma to practise his profession in the country, and gets a dispensary, say, that it is possible for him to go down and see and treat this disease in female patients without having had any experience of it whatever?—It is quite possible. It is an every day occurrence, and moreover it is very possible that the young practitioner, not having experience in syphilis, might make a mistake and treat other diseases in women as syphilis, and vice versa.

3451. And don't you think it is a disgraceful thing that we should be placed in such a position that our pupils, unless they go to London, Paris, or Vienna, have to take their diplomas without any experience whatever in that branch of their profession?—I think it is. I think we should utilize the advantages we have, and teach our students ourselves.

3452. With regard to fever in a general hospital—say twenty-four cases isolated on the top of the

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building for teaching purposes—do you believe there would be any fear of that spreading in the general hospital?—No, I think not.

3453. I asked one of the surgeons of the Richmond Hospital to visit another institution in the city to see whether there would be danger in having a fever ward at the top of the building, ninety-four feet above the basement, perfectly isolated—I don't know whether you yourself knew the hospital I refer to—Jervis-street?—No, I have not been in the new Jervis-street Hospital.

3454. Well, do you think that fever, if treated there in an upper ward, would do more harm than it has done in the Mater Misericordie Hospital?—I don't think so. It is from having a single laundry for the two places that the mischief arises—it is through the laundry that infection is carried.

3455. And does not that apply with double force to something these syphilitic cases in a general hospital—that the linen would be mixed?—I don't think there is the same danger with reference to syphilis.

3456. But in a general hospital if you allow the linen of these patients to get mixed in the laundry with the linen of the ordinary patients would there not be some danger, and would there not also be danger to the persons manipulating the linen?—There would be no doubt some danger, but it is a very small danger compared with the other. It is not at all like the case of fever.

3457. Still there is some danger you admit?—No doubt.

3458. Mr. HUGHES.—Dr. Bennett, don't you take maternity cases at Sir Patrick Dun's?—Only such cases as in the eastern department the Professor of Midwifery has reason to expect will lead to some operative trouble, or something of that kind.

3459. And don't you think there are very serious objections to admitting fever cases to an hospital where even sometimes you admit maternity cases?—Of course it would be better to have them in separate buildings, but we have never seen any evil results arise from the present system.

3460. I gather from your evidence that you are entirely in favour of a few large hospitals in the city, and, therefore, opposed to the evidence which Dr. Haughton has given?—Yes, in that respect.

3461. Now, the Parliamentary grant amounts to nearly £16,000 a year, and, if capitalised at twenty years' purchase, Dublin would have over £300,000 to lay out on an hospital—do you agree with the evidence Dr. Edward Hamilton gave, that it would be nothing short of a national misfortune if the opportunity which now presents itself were lost of building an hospital out of the money received from the State, like the Royal Infirmary in Edinburgh to which you have referred?—If you could get over the religious difficulty, and fuse the Adelaide, St. Vincent's, and all the other hospitals, the greatest possible benefits would arise from that I think.

3462. If the control of the hospitals were placed, to a large extent, under the Corporation—representing the ratepayers—who contribute very handsomely now, do you think that it would command public confidence, and that there would be no danger of subscriptions not coming in?—Well, in my opinion, there is very little chance of getting subscriptions when you have a fixed income. People say, "Oh, you have got landed property," and they will not subscribe as they would to an institution which depended entirely on voluntary aid.

3463. But, however, if it were at all feasible you would like to see advantage taken of the opportunity now offered of capitalising this grant, and having a large hospital built?—Yes.

3464. How many beds would you say it should contain?—350 beds would be ample, or even less than that if they were properly arranged.

3465. Mr. AMMONS.—Doctor, do you endorse the opinion that mortality is greater in large hospitals

than in small ones?—Well, I never examined that question.

3466. That was the opinion of Sir James Simpson, a very eminent man?—Yes, but then the hospitals were very badly worked. The *Hôtel Dies*, in Paris, presented the largest table of mortality in the world, even after it was rebuilt; but that was from medical defects in its construction.

3467. Mr. KILPATRICK.—In connexion with Mr. Holmes' question, allow me to ask you this—you call an hospital a large hospital if it contains from 250 to 350 beds?—Yes.

3468. Are you prepared to advise, in the interests of education, the amalgamation of the existing hospitals in order to consolidate, say, the whole hospitals of Dublin into four such hospitals?—Certainly; if you can preserve the rights of the different staffs it would be a great thing to do.

3469. Have you so thought out that question as to be able to tell me that it is a solvable difficulty—can you by any machinery known to you tell me how you can face in any way the problem of amalgamating two or three hospital premises, two or three hospital staffs, and two or three hospital funds, derived from different trusts?—I have not.

3470. And if you don't know how to do that, and you say you do not, and that we require testimony in order to enable us to arrive at a solution of the difficulty, who are we to go to in order to get the evidence upon which we should act—should we not look for it from you, and such as you, who have been living in the atmosphere of hospitals all your lives?—But the question has never been before me. If I had time to think it out, and an opportunity for conference with others, I have no doubt I would be able to give you some assistance in arriving at a conclusion.

3471. But you admit it involves a great difficulty?—Certainly.

3472. The difficulty—when I first heard of the House of Industry Hospital and Stevens' being amalgamated, I thought to myself that you must first get rid of the separate staffs, and, secondly, consolidate the premises. But when you leave the question of the amalgamation of these two hospitals and come to the more comprehensive scheme of amalgamating all the hospitals in the city, the difficulty is increased tenfold, and can you not give us any assistance as to how we are to solve that difficulty?—I would not undertake to devise such a scheme at at present advised, because I have not the facts before me on which to proceed, nor the requisite knowledge.

3473. Mr. HUGHES.—You would not consider it an illegitimate interference with vested rights if the large hospitals were to draw away patients and thus after a time close the doors of the smaller ones?—The starvation process!

3474. Well, you may call it what you like, but if Stevens' Hospital says "We won't join this scheme," surely it is no coercion to allow them to remain outside of the scheme and say "Very well, try and get on as best you can without us!"—It would take a long time to starve out these hospitals having private endowments, and during all that time your process of establishing an hospital fit for clinical teaching will continue for those endowed hospitals outside the scheme would, while they lived, draw off patients from the new general hospital, and what we would want in that hospital is not only the institution itself but the patients.

3475. That all depends upon the ratepayers—if the ratepayers choose to support the large hospital it will flourish and the smaller hospitals would die?—I don't think the ratepayers would pay a large enough sum to maintain such a new institution as you contemplate—a large hospital.

3476. One to contain five hundred beds?—Yes, I don't think they would.

3477. But they contribute £5,000 a year at present—the Corporation does on behalf of the ratepayers?—Yes. I am aware of that, but I do not think the

Cooperation or the moneys would be inclined to increase that burden, and it would have to be very largely increased in order to maintain the new institution.

3478. The CHAIRMAN.—I do not know whether you meant to convey that there are not fever wards in your hospital?—There are fever wards in Dun's.

3479. And are the fever patients mixed up with the ordinary patients?—Oh, no; they are separated as well as they can be, though it would be, in my opinion, very desirable to have them still further isolated.

3480. With regard to the teaching of fever, supposing there were two large fever hospitals in Dublin, do you think the students could be forced to go there?—I think not. Fever should be taught as part of the general curriculum of medical instruction.

3481. Could not a student be required at the end of his second term, say, to attend the fever hospital and get a certificate?—That is required at present, but it does not send the student into the fever hospital. I mean it does not send them into the large fever hospitals—Cork-street or the Hardwick.

3482. Why don't they go into these fever hospitals?—Well, in my opinion the true reason of that is that the regulations of the Examining Boards require a too limited number of cases in fever as a qualification for the certificate. I think it is only six cases—that is

to say, a student has only to see treated six cases of fever before the certificate goes, and he can more conveniently get that certificate at the general hospital than at either Cork-street or the Hardwick.

3483. Rev. Dr. Haughton.—And another reason I should suggest is the staff at a general hospital is always better than the staff at a special hospital—I mean teaching power in the general hospital is always better—obviously.

3484. Mr. KENNEDY.—But, Dr. Haughton, that observation does not always apply—for instance in ophthalmic surgery you would not say that in a general hospital students would obtain the same instruction as in a special hospital over which say Dr. Stacey or Dr. Fitzgerald presided.

3485. Rev. Dr. Haughton.—That is a different thing altogether to the teaching of fever. Fevers are taught as a rule in nearly all general hospitals—ophthalmic surgery is not.

3486. Mr. ARMISTEAD. (To Dr. Bennett).—Is there an hospital in Dublin exclusively for consumptive cases?—No; only the Hospital for Incurables.

3487. In your opinion is there a requirement in that direction?—I think not. It might be a great advantage to have it, but it is not a question included in the discussion of the general hospitals, I think.

Dr. J. M. FOSBER, F.R.C.S.P., examined by the CHAIRMAN.

3488. You are Physician to Sir Patrick Dun's Hospital?—I am, sir.

3489. You heard what has been said by the witnesses who have been examined to-day?—Yes.

3490. What is your view generally as regards the amalgamation of hospitals in Dublin?—I think there are such practical difficulties in the way that it would be impossible to do it. I agree that if you were beginning *de novo* it would be better to have two large hospitals for the city; but I call an institution with 300 beds a small hospital, and I say there should be at least 700 patients in a large hospital, as in Guy's and Bartholomew's. The continental hospitals are very much larger still. There are 1,600 beds in large hospitals in Vienna and Berlin. But I think that the practical difficulty would be so great at present that it would be totally impossible to carry a comprehensive scheme of amalgamation in Dublin. I have thought of this matter a great deal for years past—for the purposes of medical teaching it would be a good thing to have one or two large hospitals instead of many small ones—but the more I thought of it, the more impossible of accomplishment I felt it to be.

3491. Have you any general observations to add to the evidence already given?—No, I think not, except as regards syphilis cases. I think there would be a very great objection indeed to allowing women of the town into the general hospitals, and I don't speak without some experience. When I was a student here in Dublin there was one ward in an hospital I was at—a special ward for such cases—and it was a very great disadvantage to the hospital. Students can see primary syphilis in the dispensaries of our hospitals; and constitutional syphilis, more difficult to recognise and treat, is seen in all the hospitals. These cases are taken in suffering from diseases of the skin, diseases of the bones, and sepsis, and the patients and those about them don't know what the disease is. But it would be a bad thing to take women of the town, known to be such, into our general hospitals and mix them up with the general patients; and it would be almost equally bad to have special wards for them there—they might just as well for themselves—and better for the sick poor—go to the Lock. I would not advocate the indiscriminate admission of students to the Lock, but I

would admit some of the tender of them, as individuals, by the special permission of the medical officer, who know their character.

3492. And how, in your opinion, are the students of Dublin to make themselves acquainted with that disease?—With primary syphilis?

3493. Yes; so as to be able to treat it in the practice of their profession afterwards?—I don't think they require to see a great deal of primary syphilis—the disease does not vary very much, and they have an opportunity of seeing a good deal of it in the dispensaries where it is treated in extra cases. It does not differ so much either in the male and the female.

3494. Dr. Fitzgerald told us here that he had to go to Paris to make himself acquainted with that disease?—I don't know—perhaps he did not use his opportunities here.

3495. You take fever cases into Sir Patrick Dun's?—Yes.

3496. But I gathered from Dr. Bennett that your accommodation for these is not very satisfactory?—No. Great efforts have been made for a considerable time past to make the isolation for these patients more satisfactory. It could only be done, however, by providing a separate building, and we have endeavored to collect sufficient money to build a separate fever hospital on the ground of Sir Patrick Dun's, but as yet the requisite funds have not been obtained.

3497. Mr. ARMISTEAD.—Are you of opinion, Dr. Fosber, that the medical staff of the Dublin hospitals is too great or too small?—I think it is too great.

3498. Too great?—Yes, I think most of the hospitals are over officered.

3499. In all the branches of the medical staff?—I would not say in all branches. For instance, the special hospitals are not, but the greater number of the general hospitals are, in my opinion, over officered, and if amalgamated, the amalgamated hospital would be very much more over officered, if it got a share of the new institution, and that would be a difficulty.

3500. I believe I am correct in saying that the proportion is very much larger here than in London or on the Continent?—So I believe.

3501. Sir RICHARD MARTIN.—What is the objection to allow students to see cases in a Lock Hospital when they are allowed to see female cases in other hospitals?

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Dr. Edward  
H. Bennett,  
F.R.C.S.P.,  
C.M.S.

Dr. J. M.  
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Dec. 25, 1861.

Dr. J. M.  
Foster,  
F.R.S.C.D.

—In the other hospitals the women that you are speaking of are not women of the town, but are respectable women who have got syphilis through the misconduct of their husbands. I think it is a bad thing to bring respectable women into contact with women of the town at all—when it is not absolutely necessary, and I don't think it is necessary.

3502. With regard to the question of capitalizing the Government grant of £16,000 a year, if that was done, and the capitalized sum expended in building a large hospital, do you think that the subscriptions from the public would be sufficient to support that large hospital?—That of course is a very hard question to answer. But I think there would be a great deal more money collected under the present condition of things than there would be then, because the rivalry among hospitals enables a vast deal of money to be collected. The ladies take a great interest in the hospitals and one set vies with another as to who will produce for their particular institution the best subscription list.

3503. But as I understand the hospitals at present have more beds than they are able to support, and if, therefore, a large amount of the public subscriptions were withdrawn, and the Government grants swallowed up in new buildings, there would be less money to be spent on the beds than now—I think so.

3504. Mr. KENNEDY.—When you enumerated the large hospitals in London, Paris, Vienna, and Berlin, and contrasted them with our small hospitals in Dublin, did you bear in mind the population of those cities?—I did, but I was speaking of what I call a large hospital, as contradistinguished from a small one.

3505. Without reference to our comparative populations?—Yes, I had in view Dr. Bennett's statement that an institution with 300 beds would be a large hospital.

3506. So that you don't say that for a city like Dublin, or places like Belfast, Cork, or Limerick, it would be prudent or necessary to erect an hospital of the size of St. Thomas's in London?—Taking Dublin, for instance, it all depends on the number of hospitals you are going to have—if only one it would require to be large.

3507. But with the number of hospitals we have, don't you believe that if a colossal institution was attempted to be started by the State in any position in Dublin, that, naturally, the citizens would say, "Very well, go forward it," and then if finished and furnished and appointed, where would the funds come from to maintain it—as a sensible man, do you not think much more good would be accomplished by apportioning the grant amongst the existing hospitals, according to the work they do than in providing new buildings?—I think it would be far better to leave things as they are or only have a very slight amalgamation between neighbouring hospitals, if that were possible.

3508. I part from that to the other subject you have been examined upon—the opportunities afforded students of obtaining that knowledge in the treatment of syphilis which is necessary for the proper practice of their profession;—you said they have that now in the dispensaries; but are you aware that the poor law dispensaries are not attended by students at all?—I was speaking of the out-patient departments of the different hospitals. Every hospital has its dispensary.

3509. That is what I want to get at, you limit yourself to the hospital dispensaries?—Yes.

3510. Those are held upon certain days of the week, and the women who go there, I know it as a fact, are sometimes women of the town?—Possibly.

3511. It is so: you object to their being brought into contact with other patients, but what happens there is, that the pupils are brought into most dangerous proximity with those women, and are able, if so minded, to make acquisitions and arrangements with them. You surely had not that danger in view when you stated that the dispensaries ought to provide this branch of medical education?—I don't quite understand the question.

3512. I understood you to state that the medical students should get the requisite education in that disease in the dispensaries; and, secondly, that you had a great objection to students being brought into connexion with women of the town in the treatment of that disease, and I ask don't you know that women and girls of the town are daily treated in these dispensaries, and that very frequently acquisitions are made there?—Well, I have been attached to two hospitals in Dublin for a good many years—Bagenal street and Sir Patrick Dun's—and I have no doubt that such patients have often come to these dispensaries, but I have never known a case in which a student behaved as you suggest—made appointments with them. There is no facility given for that.

3513. Are they not brought into contact with those women who attend there as patients?—Not closely.

3514. Did you ever hear of these women coming about the dispensaries to catch out temptations?—Never.

3515. And have you never known prostitutes to go into the public wards of an hospital for the very purpose of contaminating other girls who were innocent?—No, I never heard of such a thing; but I object most strongly to women of the town being admitted into a general hospital.

3516. That fact has come to my knowledge, and, as a matter of fact, it is one of the greatest reasons why general hospitals object to allow such women into their wards, and knowing that, I want you to give me some information as to how that particular disease is to be taught, if we all agree that it should not be taught in the public wards of the general hospitals?—I think at present the students are fairly well informed in that branch of their profession.

3517. Dr. FITZGERALD stated here publicly that he and others had to go to Paris and elsewhere to obtain the requisite education in syphilis—that proper facilities were not presented in Dublin, and—although you suggest that he did not use his opportunities here—surely he would not express that opinion unless he had good and sound reasons for it, and back it up with the further statement, as he did, that the young practitioners going to the country dispensary districts went almost entirely ignorant as to the treatment of that disease?—I must say that I do not believe that, and that, in my opinion, the students are not so absolutely uninformed in that branch as is suggested.

3518. Not "absolutely uninformed"—are they not comparatively uninformed?—The amount of their information in that disease is not at all out of proportion to their knowledge in other branches of their profession. Of course if a man wants to study syphilis as a specialty he must go to larger cities than Dublin—as he must if he wants to learn any other speciality—to London, Paris, or Vienna, where there are a large number of cases being constantly treated.

3519. Mr. HOLMES.—I believe, Dr. FOSTER, you have great experience of hospitals on the Continent?—I have seen something of them.

3520. Can you tell us how they are managed there?—I have not much experience of their internal or financial management; but I believe they are supported mainly by the State.

3521. Do you think they are supported at all by voluntary aid?—I don't think the larger hospitals are—very little, I think, if at all.

3522. Can you say how the medical staffs are appointed to any of the hospitals with which you are acquainted abroad, upon whose recommendation or authority?—The hospitals are for the most part—all the principal hospitals are—affiliated by university professors, and these professors are elected, I believe, by the State. They are nominated by the faculties of the different universities. When a vacancy occurs the faculty of the particular university gives a call to certain men from other universities or to private teachers, those names are sent up to the Minister of Instruction, and he makes the appointment, selecting one from among them.

Mr. David R. Pigot, Master of the Exchequer Division of the High Court of Justice in Ireland, examined by the CHAIRMAN.

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Mr. David  
R. Pigot.

3523. I want to ask you a question about the composition of your governing body?—Yes, Sir Rowland. The governing body of St. Patrick's Dan's is composed of a certain number of ex-officio governors, and twelve elected governors, directed by the Act of Parliament to be selected by the ex-officio from subscribers either to the building or maintenance of the hospital. Practically speaking, the election to vacancies on that Board of twelve elected governors lies with the President and Censors of the College of Physicians, because, so far as I am aware, I do not think that any of the other ex-officio governors ever attended one of the meetings when those elections took place. A question was raised here as to whether or not the ex-officio governors have power to remove a member once elected for continuing to attend the hospital. Curiously enough legal opinions were taken upon that very subject at different times. Lord Plunket, when Attorney-General, gave his opinion to the effect that no such power existed on the Board, or in the ex-officio; Mr. Blackburne, a very few years later, gave it as his opinion that there did, but he founded that opinion upon a reason that has long since been exploded, and the late Judge Longfield gave a third opinion, in which he held that though the provision had been deliberately omitted from the Act of Parliament, I am clearly of opinion that our Board requires a distinct power of re-appointment in the case where members amongst the elected body neglect to discharge their duties. I further think that the constitution of the ex-officio element upon our Board is wrong: I think it is entirely excessive; that the existence of a number of ex-officio members who never attend is objectionable, and that the College of Physicians is too largely represented upon that body. I should like to see the Board constituted in this way—one ex-officio member representing Trinity College, and one ex-officio member representing the College of Physicians, those being the two public bodies who are the guardians of the hospital; then that each of those bodies—namely, Trinity College and the College of Physicians—should appoint two or three governors; that the Corporation of Dublin should appoint one, and the subscribers two. That would place the nomination in the hands (and reasonably distributed) of the different bodies most thoroughly interested in the well-being of the institution. Such a thing would have to be done by Act of Parliament; and in that Act I would give a distinct power, upon the recommendation of the governing body of the hospital, that any particular member who had omitted, in their opinion, without reasonable grounds, to discharge his duties should be deemed to have resigned.

3524. How would you define the neglect of discharge of duties—do you mean a certain period of

non-attendance?—What I would suggest upon that point is, that it should be done on the recommendation of the governing body, leaving the provision elastic for the purpose of excluding them not to consider themselves bound down by a particular number of non-attendances in the case of persons whose advice was of value, and who, though they only occasionally attended, rendered particularly valuable services. On our own Board I could mention one whose attendances would be by no means large enough to fall within the minimum, but whose services to us continued to be so valuable that his removal would prove a very serious loss.

3525. Then you would like to have the provision very elasticly drawn?—Yes. I should like to add that the Lady Superintendent informed me that she has provided a report form for the use of the hospital, by which the head nurses see that the sub-nurses attend to each patient, according to the directions placed upon the board. The head nurses sign this every morning, and at the end of the week give it to the Lady Superintendent.

3526. It would appear that you have a very large number of nurses and probationers in the hospital?—Yes. It would seem as if the number was in excess; but I think it only right to call attention to the reasons as given me by the Lady Superintendent—one being that it is largely caused by the training of nurses in the institution, and the other, by the exceeding inconvenience of the building itself. Excuse me if I add one word more, on a matter which I consider of grave importance. I wish to mention, whether it be a result of the method of the constitution of our Board or not, I do not know, but I believe that from the time of the commencement of the hospital to the present moment, I was the only Roman Catholic who ever sat there as an elected member of the Board, a thing which appears to me to be highly objectionable.

3527. Mr. KENNEDY.—Master Pigot, I understood, from Dr. Haughton, before you were examined to-day, that he thoroughly approved of a reconstruction of the Board, and I asked him several questions in relation to the matter?—Yes, I heard portion of his evidence.

3528. My questions were plainly put with the view of having that evil remedied, because I was aware that you were the only Roman Catholic on the Board?—It is only fair to say, however, that having been in personal communication with the clergymen of my own church connected with the hospital, I have received from them the one uniform statement of absolute satisfaction with the course taken by the governors.

The Commission adjourned till next day.

## TUESDAY, 24TH NOVEMBER, 1885.

Nov 24, 1885.

The Commission met at halfpast twelve o'clock, in the Privy Council Chamber, Dublin Castle.

Present:—Sir ROWLAND BLENKINSOP, Bart, D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart, D.L., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARMISTEAD HOLMES, Mr. RICHARD OWEN ARMISTEAD, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The Minutes of the previous sitting having been read and confirmed, the examination of witnesses on behalf of St. Joseph's Hospital for Sick Children was proceeded with.

Dr. THOMAS MORE MADDEN, F.R.C.S., Edin., examined by the CHAIRMAN.

Dr. Thom. More  
Madden,  
F.R.C.S.E.

3529. You are Physician to St. Joseph's Hospital for Sick Children?—I am, Sir.

3530. And I believe it is an extremely well managed institution?—It is a very well managed hospital.

3531. Do you think that it is necessary to maintain

such an institution as a separate hospital?—I think it is perfectly necessary. The Sisters in charge of the hospital asked me to make a short statement of the grounds on which it is required. May I do so?

Y

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De Thom More  
Madden,  
PUBLISHER.

3532. Certainly.—We are quite prepared to hear you now.—Well, sir, I have been attached to this institution ever since its foundation in 1872, when it was the first special children's hospital opened in Dublin or in any part of Ireland. It was originally established in Buckingham-street, where it was supported by private benevolence, and more especially by the exertions of the late Mrs. Woodcock, a lady well known in connexion with Catholic charities in this city. In 1876 the management of the hospital was transferred to the Sisters of Charity, by whom it has been, since then, greatly extended. In 1879 it was removed from Buckingham-street to the large and commodious building it now occupies in Upper Temple-street, the purchase of which was purchased by the Sisters of Charity at a cost of £3,500. Last year the institution was further extended by annexing and ultimately rebuilding the adjoining house which had been previously bought for that purpose. In the purchase, alteration, and fitting up of these buildings nearly £8,000 has been already expended by the Sisters. At the present time there are between 70 and 80 beds available, but of these the funds of the hospital now only allow 38 to be kept constantly occupied. Within the past year there were 285 cases treated in the wards. Of these 100 were cured; 83 improved; 21 died; 15 were under observation, but not treated; 27 were removed before the course of medical treatment was finished; 16 were discharged as incurable; 18 were removed to hospitals for infectious diseases, and 36 remained in hospital at the close of the financial year. The number of cases prescribed for in the hospital dispensary during the year was 5,600. The cost of the establishment and that of the actual maintenance of patients per bed occupied in St. Joseph's Hospital compare very favourably with other hospitals in this city, and afford the best proof that the money contributed to the support of this institution is to the last possible farthing expended on the sick children for whose necessities it was given. Thus the maintenance per bed in the children's hospital is £12 6s. 6d.; taxes, washing, fuel, gas, &c., per bed, £5 13s.; and printing, wages, salaries, &c., per bed, £3; making the total £19 10s. 6d. The staff of the hospital consists of two physicians—Dr. McVeagh and myself, who have both been connected with the institution ever since its foundation; one consulting surgeon, Dr. Mapother, two surgeons, Drs. Baxter and McCullagh; besides an acting clinical clerk, Mr. Christopher H. Callahan; and an apothecary, Mr. O'Leary. All these officers, except the last named are unpaid. The hospital is attended by Sisters of Charity, three of whom are constantly in the wards, assisted by ward maids and a night nurse. The total expenditure of the hospital from the 1st September, 1884, to the 1st September, 1885, was £4,523, and its total income £3,646, leaving a balance due at the close of the account of £1,482, for which the institution is now in debt. I may mention that the income was derived thus—subscriptions and donations, £554 1s. 2d.; bequests, £1,321 11s.; collections, £11 12s. 3d.; poor houses, £4 5s. 5d.; pay patients, £9 10s. 6d.; rent and interest, £24 13s. 5d.; by sale of New Three per Cent. £296 6s. 6d., donation from hospital site, £3 4s. 3d., and Corporation grant, £209. The death rate of the hospital may appear on first sight to be somewhat high; but it will be seen to afford strongest evidence of the utility of the institution when we come to consider that from our large extern department we invariably select only the most urgent and serious cases to fill our wards. The only conditions necessary for admission to the hospital are sickness and poverty, and, provided the applicants are free of all other diseases, no other questions are asked. Protestant and non-Catholic children of every denomination are freely admitted, and no attempt whatever to interfere with them in the exercise of their religion has ever been made, nor is it possible. On these grounds, and considering, first, that, but for the

generous aid of the Corporation of Dublin, this hospital could not efficiently carry out its work; secondly, that it is still in debt; thirdly, that it is entirely non-sectarian in its care of the sick inmates; fourthly, that no hospital at home or abroad has ever done more good work in proportion to its means; and, fifthly, that it affords relief to a class of patients who, before its institution were destitute of hospital assistance, we think our hospital is entitled to a participation in any grant from the public fund in aid of the Dublin hospitals, and we trust that this Commission will be good enough to so report and recommend.

3533. Mr. ARMITAGE.—In your opinion is not the hospital accommodation in Dublin amply sufficient for all its requirements?—Yes, I think there is an abundance of hospital accommodation in Dublin.

3534. About what distance is it from this hospital in Temple-street to the Mater Misericordie?—It is a very short distance. It is not quarter of a mile, I should think.

3535. And you don't think the Mater supplies sufficient accommodation for the entire of that district?—Oh, no general hospital supplies sufficient accommodation for the special diseases that this institution is for.

3536. Do you think there is any good reason why children should not be treated in a general hospital?—Well, their diseases are of a special character which requires special training on the part of those who have to deal with them, as well as those who have to nurse them, and they require more attendance than adult patients. It would add enormously to the expense of a general hospital if it was compelled to keep a sufficient number of nurses and staff to look after children.

3537. Is there any record kept of the relative number of Catholic and Protestant treated in the hospital?—No, we take in anybody who possesses the twofold qualification for admission—poor and sick, and we never ask of what religion they are.

3538. Sir RICHARD MARTIN.—The garden at the rear of the hospital—does it not contain over an acre of ground?—Yes, Sir Richard, it contains a very large amount of ground, and that is one of the causes of the expense of the institution being so small—it supplies to some extent the vegetables and things of that sort for the house, and fowls are kept there and eggs are provided for the children without charge so to speak.

3539. And do you not consider that it is an important thing that there should be large air space about an hospital?—Most certainly, and especially in the case of an hospital such as this for sick children.

3540. Mr. KENNEDY.—Have you had experience of the inconvenience of attending children in a large general hospital?—I have, and I am aware that they cannot be so satisfactorily treated in a large general hospital with adults, as in a building set apart for themselves.

3541. Looking at it from a moral point of view, a child is exposed to great risk of contamination from the sights it witnesses in the treatment of adult patients?—Yes—undoubtedly.

3542. And if they set apart a ward for children in a large general hospital, don't you think that it would limit the good of the large hospital more than the expenditure involved in maintaining a separate hospital for children?—I think so. It would require a distinct corps of nurses.

3543. And as a matter of fact, the diseases of children, though not quite a specialty, do require distinct treatment on the part of the medical attendants?—They require special treatment. Though the general principles of diseases are the same, still they are modified very much by age.

3544. These were the chief considerations which induced the Sisters of Charity to take the house as a children's hospital?—Those were the chief considerations that induced them to take over the management of it when it was in a very struggling condition.

3545. And they have expended, between the old house in Buckingham-street and the house they have at present in Upper Temple-street, a considerable sum of money?—Yes, something like £8,000.

3546. Without calling for any public aid, save and except the aid which the Corporation of Dublin gave?—That is quite so.

3547. And there is no foundation fund of theirs worth speaking of—in fact they must live by subscriptions and donations?—Yes. The institution could not be kept open without the subscriptions for one year.

3548. Or that the Sisters should call into aid their private resources?—It would be hardly possible for them to continue to do so. I wish to add to what I have already stated, that the Sisters would be most willing to accept inspection if they received a grant—they have no objection to being placed on an equality with other hospitals. The superintendence asked me to state that she has no objection whatever to any public officers, the Board of Superintendence or any authority of that kind, visiting the hospital and reporting on the work done; and further, that she would not object to the appointment of Protestant medical practitioners to the staff of her hospital if the hospitals receiving Parliamentary grants would reciprocate and appoint Catholics to theirs.

3549. The CHAIRMAN.—Do you think it would be possible to have an institution of this description in connexion with a large hospital?—I mean portion of the same building as it were?—Of course, it would be possible.

3550. But do you think it would be undesirable?—I think that it would not present the same advantages for the study of children's diseases, or for the care of sick children.

3551. And there would be no saving of expenditure?—No, it would be rather the other way I imagine.

3552. Mr. HARRIS.—But would it not be more convenient for medical students if there was a ward set apart in a large hospital for children—they would have that branch of study under their eyes as it were, in the one institution, instead of having to attend a separate hospital for it?—There would be advantages in that way. But St. Joseph's Children's Hospital is practically open to the students from the Mater Hospital, who must pass the door of it on their way to that institution. It is doubtful whether more students would avail themselves of a ward in a general hospital than now attend St. Joseph's.

3553. St. Joseph's is practically a sort of out ward attached to the Mater?—Oh, no. It is under a perfectly distinct management. There is no connexion between the two committees that manage these hospitals. It is quite an independent foundation at the present moment. One objection to having a children's hospital part and parcel of a general hospital is that it would be difficult to prevent the children mixing with the adult patients.

3554. I know that that is one of the difficulties urged. There is a large hospital in Edinburgh for children?—Yes, and it is the case in almost all cities and large towns now. All over the Continent separate attendance on the practice of a children's hospital is recognised, and it is made a portion of medical education in their universities.

3555. Sir RICHARD MARTIN.—Do you anticipate that you will have more pupils attending your hospital when the new wards are opened?—Yes, I think so. It is in contemplation, also, to provide clinical instruction in this special branch for women studying medicine; the College of Surgeons has already taken cognizance of the matter, and to such students the advantages of a children's hospital would be very great.

3556. Do you mean to give women the opportunity of learning their business as nurses in your hospital?—If they present themselves.

3557. But that is your idea?—It is an idea on the part of the staff, but I have not spoken to the Sisters on the point. We addressed a memorial lately to the various licensing corporations asking them to recognise our hospital, owing to the facilities we could give for the study of children's diseases, and the facilities for women gaining such knowledge there before practising medicine in England, India, or elsewhere.

3558. But do you not think it is advisable for women at home to acquire some knowledge of nursing?—I think it is very desirable.

Surgeon J. McCallagh examined by the CHAIRMAN.

Surgeon J.  
McCallagh.

3559. You are one of the Surgeons of this Hospital?—Yes.

3560. You heard the evidence just given by Dr. More Madden—do you wish to add anything to what he has said?—Yes, I think it desirable that I should lay a few additional facts before the Commission.

3561. First, let me ask you—do you think that this institution is a necessity, I mean as a separate hospital?—It is undoubtedly necessary and not only that but, if possible, it ought to be increased.

3562. As a children's hospital?—Yes—it is an absolute necessity.

3563. They exist now in almost all the large towns, we have heard?—Yes. There are, I think, five in London and two in Liverpool, while every large town in England has one. Probably one of the finest in the world is the Alexandra Hospital in Liverpool.

3564. And they exist universally abroad?—They do. First of all I should like to say a few words about the mortality in St. Joseph's Hospital. The number of deaths actually in the twelve months was 23 in 284 cases—there were 263 admissions but one of those cases we simply called "not treated" and I don't return it in my report. There were 284 actual admissions and 23 deaths. Of the 23, 15 were boys, 7 girls; and the whole per centage is only 7.746, which I think you will agree is not very high under the circumstances. Now we have also to take into consideration the age of the children. Between the age of 2 and 3 years we admitted 19 boys and 13 girls, a total of 32; of these 4 boys and 1 girl died, making a

total of 5, a per centage of 15.6. It is in the earlier years of life that children, being so much weaker than adults, die fastest. Of the 4 boys who died at the age of 3, we find that 2 died of meningitis or brain disease. Between the age of 3 and 4 years 19 boys and 15 girls were admitted, and of these 7 boys and 2 girls died, a per centage of 26.5. Between 4 and 5 years of age there were 19 boys and 19 girls admitted and of these only one boy died, a per centage of 5.26. Between 5 and 6 there were 31 boys and 17 girls admitted; deaths 3 girls, per centage 4.77. Between 6 and 7, admitted 14 boys and 10 girls, deaths 1 boy and 1 girl—who died after operation—per centage 4.16. Between 7 and 8, admitted 20 boys, 22 girls; deaths 1 boy and 1 girl, per centage 4.76. Between 8 and 9, admitted 16 boys and 12 girls; deaths 2 boys, per centage 7.14. Between 9 and 10, admitted 5 boys and 10 girls; deaths none. So that as you get on to the death rate is decreasing, and over the age of 10 there were admitted 3 boys and 30 girls none of whom died. Out of the 23 deaths altogether, tubercular meningitis alone accounts for 11, 5 being boys and 5 girls. Burns account for 3. We usually get these cases in a very disastrous condition. Two of the 3 fatal cases were under my own charge, and the children had lain outside in their miserable homes without being properly treated or attended to for many days. In fact these poor creatures are frequently brought to us in a dying condition, and too often, I regret to say, they are only taken to the hospital to get the death certificates for burial societies. Of the three children

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that died from burns, two were 3 years of age and the the third 24. The two under my charge had both been lying outside till they mortified in fact—one for eleven and the other for twenty-one days.

3565. What do you mean by lying outside?—In the hovels of the back lanes—kept there in place of being brought to the hospital at once. To continue, Group accounts for 2 deaths; gastric fever 1; peripneumonia; pneumonia 1; abscess 1; gangrene 1; and only one died after operation. But there were 11 deaths from meningitis out of the total of 22.

3566. But how do you account for that—there is no objection to send these children to your hospital, is it pure neglect?—Pure neglect on the part of the parents. They send these children into us to die when they ought to have been in the hospital for treatment for a long time. As to the expenditure of the hospital—under the heading number one it is £389 16s. 4d.; under number two, £201 3s. 7d.; and under number three, £21 0s. 7d.; or placing two and three together it is £392 4s. 2d., which I think will compare very favourably with the sort of maintenance in other hospitals having regard to the amount of work done. About the beds—we have accommodation for 80 beds and have actually in the wards 60 beds. Of these, owing to the smallness of the funds at the disposal of the Sisters, only 56 can be kept open. These 56 are always filled and very often we have a couple of extra children in the house—we have at the present moment. As to the staff, there are six Sisters—three as accountants for how occasionally the work can be done—distributed thus—three are in the wards, one in general superintendence, who does all the ordinary work of clerk or secretary, keeps all the accounts, looks after and pays all the bills, and collects donations; another is in the charge of the laundry, and the sixth looks after the cooking. The laundry is a very important department. We find that in a children's hospital—another thing in which it differs from large general hospitals—an enormous amount of bedding and linen are required. A child's bed will sometimes have to be completely remade five or six times in the day—I recently had a case in which I had the child constantly shifted from one bed to another. We cannot get on with less than twenty sheets per bed and other linen in proportion. All this would entail an enormous washing bill in any other hospital, but the Sisters superintend the laundry work in the house so that much expenditure is avoided. The large plot of ground outside the institution is divided into a playground and vegetable garden, hennery, &c. The playground is probably half the size of that square outside (the Lower Castle Yard). In the remaining portion all kinds of vegetables are raised, together with fruit; so that that supply costs little or nothing. The hennery, from which eggs are plentifully obtained, being supported from the refuse of the hospital, is also an immense saving. In all its branches the institution is conducted in the most economical manner. As to the necessity of the hospital from a medical point of view, I would add a word or two. In the first place nurses require to be specially trained for the care of children. I know myself, and anyone connected with the place will tell you, or anyone in any hospital connected with children will tell you, that when first you get a new nurse into the wards it is almost impossible to get the work done satisfactorily. You have to train the nurses before you get good work at their hands in a children's hospital. They require a totally different method of teaching, and still more a totally different method of nursing. About students—we applied a short time ago to have the hospital recognised, and then I asked the superintendents and other men whether they would be willing to accept the arrangement for their admission and the superintendents said she would be delighted, under two conditions—first, that the students should be third year men; that is men who have already studied sufficient of their profession to make their attendance in such an hospital useful to them; and secondly, that they should be *bona fide* doctors, not men coming in

from mere curiosity, because, as she said, it would be impossible to maintain anything like discipline in the place, if men who were not there for the *bona fide* purpose of study were to be trooping through the house. A great many students do attend there at present, and we have got very valuable assistance from them, acting as volunteer clinical clerks and volunteer doctors. Some very admirable work indeed has been done there by students, and students from all schools. There have been Trinity College men, Carmichael School men, Jervis-street men, Mater Misericordiae men, and very often we have a visit from men in the Rotunda. A number of English students come over to the Rotunda and they often pay us a visit. About the question of teaching women in the hospital—of course there is a certain amount of objection to female students in the wards of a general hospital and in a mixed class particularly. I should say however that, in my opinion, it is absolutely necessary that they should attend a children's hospital, if they are to do any good whatever. They cannot learn the diseases of adults on children, any more than children's diseases can be taught on adults. And there is a lamentable ignorance of children's diseases. I know that as a grader in nine cases out of ten I have to send my men up for examination with a purely theoretical knowledge. When I was qualified myself and appointed as assistant to that hospital, I was absolutely ignorant, and aimed out of every ten men when qualified are—they have a knowledge of general principles—they have a theoretical knowledge of the matter, but no practical knowledge of it. We requested the Licensing bodies to make a short course of children's diseases necessary. They have made it necessary that a man before qualifying should observe a specified number of *lunacy* cases, and they certainly should do something in the direction we have suggested, because it is most important when you take into consideration that of all the men qualified a very small per centage will become specialists, and a still less proportion consultants or leaders in their profession, the great majority being condemned to general practice of which diseases of children all form the larger part.

3567. Sir RICHARD MARTIN.—Do you take in cases for operation in the hospital?—Yes. There are sixteen surgical beds to twenty medical.

3568. Mr. KENNEDY.—As a fact, do you know that the general hospitals were glad to get rid of the treatment of children's cases?—The great majority of general hospitals don't treat children—they send them to us. I have constantly two or three of my beds, as it were, given for Jervis-street.

3569. And in the hospitals where they prefer to treat children, does it not come within your experience, as a matter of fact, that the nurses dread a children's case almost as they would dread fever?—Yes.

3570. And a conscientious nurse more than any other?—Yes. It has happened to myself. One of the best hospital nurses I ever came across said to me "For God's sake, doctor, don't give me a child's case."

3571. Don't you think that patients who are themselves conscious of how difficult it is to nurse children, have a fear or a dread of sending serious children's cases to large hospitals where they might not be properly attended to?—Certainly. And they won't do it.

3572. And does that not to a great extent account for children being kept so long in their wretched homes outside after they should have been in hospital?—It does.

3573. The fact that the impression prevails as to the difficulty regarding nursing sick children, together with the maternal clinging to the child account in a great many cases by the children being sent into your hospital only at the very last moment?—Undoubtedly. And as to the general hospitals, I have had the greatest difficulty in getting parents to consent to the removal of their children there, when suffering from infectious diseases, for instance you will find from our last report that while eighteen patients were re-



moved from St. Joseph's to hospitals of infectious diseases, no fewer than twenty-seven were removed during medical treatment, and very many of these were fit cases for another hospital, but their parents prevented our sending them there.

3574. Have you heard that the Sisters of Charity in their visitations to the sick poor experienced the very difficulty of which we speak—the difficulty of inducing parents to send their children into a general hospital, combined with the further difficulty of treating them in these general hospitals—their own hospital—St. Vincent's amongst the number—and that that had a great deal to do with their taking over St. Joseph's?—I have heard so, but I don't know whether it is the fact or not.

3575. But as a matter of fact you give your testimony in favour of the establishment of a large children's hospital?—Certainly. As an absolute necessity in this crowded city.

3576. Would you call an institution with two hundred beds a large hospital?—I would—decidedly large.

3577. Do you think, having regard to the number of cases now admitted into the general hospitals in Dublin, that if you had 300 beds, and the means of maintaining them, that they would be filled?—Undoubtedly; and we could fill more than 300 beds. But even more necessary than such an hospital would be the establishment of a convalescent institution for children.

3578. We won't go into that—but you think that the treatment of children is so hopelessly bad in the general hospitals that the staff and authorities there would be glad to get rid of them, if a special hospital was provided for their reception?—Yes, I am inclined to believe that any medical man having charge of sick cases in a children's hospital would be glad to send them to a general hospital, and vice versa. The mode of treatment and of nursing, are widely different.

3579. Mr. HOLMES.—If your funds admitted of it would it be desirable to have separate wards for infectious cases in the children's hospital?—Yes, most desirable, and we have in fact wards arranged for infectious cases; but another question arises—the inhabitants would soon as they be inclined to offer a very strenuous opposition. We have observation wards now in use, but we are compelled from want of funds, and the necessary permission to open infectious wards, to send that class of patients at once to the Mater Misericordiarum or Hardwicke Hospitals.

3580. Mr. KENNEDY.—With regard to that question—you are aware that when it first became known that we were going to take fever into the Mater there was a great outcry against us?—Yes, I am.

3581. Had you a knowledge of the circumstances—of the public opinion we had to encounter; were you in Dublin at the time?—I know that there was an opposition, and that it was fought off—very ably and courageously fought off.

3582. Have you not ground at the back of St. Joseph's—ground in Temple-street, on which a separate wing for infectious diseases might be erected?—Yes, if we had the funds, the site is there on which to build a detached place. And the Superintendents within the last two months, was pointing out to me the spot which the land selected for the purpose, if ever the got permission to build.

3583. Have you heard that the neighbourhood suffered any inconvenience since we opened the fever wards at the Mater?—I know it has not—I know that as a fact, inasmuch as I was a Mater student.

3584. Mr. HOLMES.—Do infectious diseases in the case of children present different symptoms from those in the case of adults?—In certain diseases they do. Typhus fever, for instance, is a plague amongst adults, but it is not a serious thing amongst children. On the other hand some diseases that would be nothing at all in the case of adults, present very serious and deadly symptoms in children.

3585. Then for the purpose of medical instruction it would be desirable to have in a children's hospital separate wards set apart for fever cases?—Most advisable—for infectious cases.

3586. Mr. KENNEDY.—With regard to scarlatina—do you not believe that even scarlatina which is so prevalent among children is more fatal than fever in some cases out of ten, is them?—Yes, so I say. Scarlatina sometimes takes them off by the hundred.

3587. And don't you think that the fear of scarlatina getting into the wards of a general hospital is more dreaded by physicians than fever?—Yes; and every surgeon will agree with me that scarlatina or the possibility of scarlatina entering a ward where there are patients with open wounds, would be equivalent to an attempt to murder the patients.

3588. So I have heard; but I wanted to elicit from you the necessity of separating this horrible disease of scarlatina from the general hospitals?—It is absolutely necessary, and in the Children's Hospital it should be kept apart also. What we intended was to have a separate building—a sort of prison hospital in a corner of the grounds. The site is a very suitable one for the purpose; it is at the top of a hill where there would be a plentiful supply of pure fresh air, which is a great desideratum.

3589. The CHAIRMAN.—You were at the Mater, you said, as a student?—Yes.

3590. And in what other large hospitals have you been?—I have been in several.

3591. Which?—The Hotel Dieu in Havre.

3592. What experience have you had of the treatment of children in large hospitals?—Well, a nurse who is accustomed to adults, is not, as a rule, trained to nurse children, and I say that people outside have a fancy that children are not well treated in large general hospitals.

3593. Mr. KENNEDY.—But I understood you to go still further than that. I understood you to tell me that children in large hospitals in Dublin, let the cause be what it may, are as a fact treated in a less satisfactory manner than with you?—Or then in any special hospital—not only with us.

3594. The CHAIRMAN.—What experience have you of that?—We will take the case of the Mater Misericordiarum Hospital—that is the one in Dublin with which I am best acquainted; for although I have seen children in other hospitals, I don't think it fair to make any remarks about places with which I am not connected. Now, here is the state of affairs. A child is brought to a general hospital with a broken thigh, say—I have such a case in my mind—where there is not a separate ward; it is put into a cot in a ward with a number of adult patients. The surgeon of that general hospital is perfectly competent, and probably more competent than others would be, to treat the child. He does his work, and does it most admirably, but remember that is only one stage. It is an absolute necessity for the reasons of the treatment of the child that it should be constantly lifted from the bed. Children require to relieve themselves much more frequently than adults, and children, again, particularly when suffering from pain, will pass from the bowels and kidneys involuntarily. They require to be frequently lifted from the bed, and held during the whole time. Now, unless you have a nurse specially trained to the call of children, thoroughly competent and trustworthy, that will not be done. Take as another instance of a child lying in a fever ward in a general hospital that becomes threatened with brain disease. The daily work of the ward—the general symptoms of prostration, and all that are very accurately and carefully watched and noted, but who make a speciality of children's diseases know that long before the mischief comes on, learn to take a face diagnosis, and recognise in the very appearance of the child what would not strike another. The line under the eye is marked in every adult—that line in a child means that there is brain compression threatening, and what would mean slight compression

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and little danger in the case of an adult means death in that of a child.

3593. But you don't mean to say that in a large hospital they would be incompetent to treat children?—No; on the contrary, I have just said that they might be more competent to treat them in certain cases.

3595. And the nurses in very many of the Dublin hospitals are now trained and certificated?—Yes, but not accustomed to children. Even a trained sister coming to us from another place has to learn as immaturity before she becomes competent for the ward work.

3597. Mr. KENNEDY.—And to return to my question, the mothers of children out of doors appear, as it may be said, instinctively to know this with reference to general hospitals, and have a horror of sending their children to them?—So I understand—so they have told me, but I cannot say how much of that is honest statement, however.

3598. But I understood you to say that mothers, even in the case of burns, keep their children out for a long time?—Yes.

3599. Mr. ARMISTEAD.—Does your knowledge of the Mater enable you to say whether they keep records to show the number of children treated there?—Decidedly; I think every hospital does that.

3600. Could you give us any idea of the relative mortality amongst children in the Mater Misericordie Hospital and in Saint Joseph's?—No; and the children

treated in that hospital (the Mater) would afford what I would call an unfair average. They are either accident cases or in the fever wards, and could not give a fair average for comparison.

3601. Sir RICHARD MARTIN.—But the question of mortality in an hospital is no criterion as regards its usefulness?—Oh, it is.

3602. Why? would not the mortality be greater in an hospital where very severe cases were taken?—Yes, and in that point of view I should say that the hospital with the higher mortality would be actually doing more of the work for which hospitals are intended.

3603. CHAIRMAN.—Did I understand you to say that parents object to sending their children to the large hospitals?—Yes, they have told me so over and over again.

3604. But, notwithstanding, there are a large number of children treated in these hospitals?—Yes, and in some of them children are admirably treated.

3605. Mr. KENNEDY.—The Mater, for example, has a separate ward for children?—Yes; and at one time Saint Vincent's had a ward where children were well treated.

3606. Sir RICHARD MARTIN.—Has Baggot-street Hospital a separate children's ward?—I do not know as to that, but I rather think not.

At this stage the further sittings of the Commission were suspended until a date early in 1850, to be subsequently fixed.

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## MONDAY, 1ST MARCH, 1850.

The Commission resumed its sittings for the taking of evidence at one o'clock to-day, in the Privy Council Chamber, Dublin Castle.

Present.—Sir RICHARD MARTIN, Bart, D.L. (in the Chair); Mr. THOMAS MAXWELL HUTTON, J.P., Mr. CHARLES KENNEDY, J.P., Mr. ROBERT W. ARMISTEAD HOLMES, Mr. RICHARD OWEN ARMISTEAD, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The Minutes of the previous sittings having been read and confirmed, the Secretary intimated that witnesses from Mercer's Hospital, summoned in obedience to their own request, were in attendance to reply to the charges made against that Institution by Mr. O'Grady. He had received a letter from Mr. O'Grady stating that he could not be present himself owing to the state of his health.

Mr. F. Alcock  
Starch,  
W.C.O.S.

3607. Mr. ALCOCK STARCH, F.R.C.S., Surgeon to Mercer's Hospital said, Mr. Chairman, before you proceed to take evidence I would ask permission to make a short statement. Master Pigot, at a former sitting, referring to my evidence before you, stated that it involved very serious charges against Trinity College. I wish to point out that a careful examination of my evidence will show no grounds for the assertions, which I emphatically repudiate. For the opinions advanced by me I alone am responsible. The facts as detailed, however, I submit, can be completely substantiated by a perusal of all the documents connected with the matter—not the few selected by Master Pigot, some of which have no connection with it at all—e.g., the resolutions he quoted of the Board of Trinity College in June, 1855, October, 1870, and October, 1875. The last resolution he quoted, bearing date 1st November, 1879, was one which he, in conjunction with Dr. Lapper, took an active part in having submitted to the board. It gave them and the Academic Council an opportunity of retracting somewhat gracefully from their untenable position. Master Pigot, by quoting documents unconnected with the case and ignoring the merits of it when the question was distinctly raised by me, would, if a less well-known and less honourable man, lay himself open to a grave suspicion of a *suppressio veri*. Master Pigot states—"When I saw this," referring to a newspaper report of my evidence, "it seemed to me so serious

a charge to have been made, as I conceived, without a shadow of foundation, that it should not be permitted to pass without explanation and contradiction." He adds—"I think it right to say that in coming to that conclusion I had no opportunity of consulting with my colleagues of the University Council." Such an assertion of his, even unsupported, demands the fullest investigation. Had he consulted the present Senior Lecturer, then acting as Registrar of the School of Physic, Trinity College, he would have found that his narrative of the causes which led to the temporary non-recognition by Trinity College of the Ledwith School certificates is absolutely a mistaken one, and can only be explained by the complete ignorance of Master Pigot of the subject upon which he volunteered to enlighten this Commission. The facts, as I stated them, are set forth and proved by the full narrative which I now submit, and firmly hand in. The Senior Lecturer and Registrar of the School of Physic has more than once declared the action of Trinity College to have been a mistake which would not have been made had the Council taken the advice of those (like himself) best qualified to form an opinion on the matter. The *Medical Press and Circular*, in an article on "Med. Doctors," which I submit—

Mr. ARMISTEAD.—I beg your pardon. Mr. Chief man, do you think this is relevant to the subject-matter of our inquiry?

3608. Mr. STARCH.—I submit that it does, sir, and

I have almost finished my statement. It has reference to Master Pigott's evidence, and bears very directly upon it.

Mr. HORROX.—I heard something of this privately, and I was in great hopes that these unfortunate differences would have been made more public.

3608. Mr. NIXON.—That is not our fault. We only wish to reply to the erroneous statements which have been made.

Mr. HORROX.—I was going to strongly advise you, Mr. Nixon, not to stir this matter up any further, because if the whole truth is told, it would be most disadvantageous to Mercer's Hospital. I, therefore, recommend you to remain quiet.

3610. Mr. NIXON.—We wish the whole truth to be told, and nothing but the truth, and I wish, with the permission of the Chairman, to give the whole truth. The *Medical Press and Circular*, in an article on this subject, says:—"We consider that in their recent action against the Ledwith School the Board has committed a great mistake, and that the Academic Council has been guilty of more than one error in confounding that mistake after it had been made plain to them."

The master seems to plain that we imagine that the Board must have acted without reference to their medical register, or to any medical man who could have made them aware of the relation of the hospital to the school; and they seem to have fallen into confusion of mind on the subject, and thus made the school to suffer for the act of one of its members, done on behalf of Mercer's Hospital. If they have fallen into error they may be somewhat excused, although an influential public board is evidently open to censure when it takes such steps without close inquiry. But what is to be said of the Academic Council, which deliberately repeated the mistake with its eyes open? It does not deserve to be called a mistake—it is an indefensible act of despotic authority, and as such will have no apologists. . . . The University of Dublin has been signally at fault, and if it were to

do justice to its high reputation it would not hesitate to rescind an act of which not even the greatest stickler for purity of certificates can approve." Should your Commission desire any further information, they can obtain it from the Rev. Samuel Houghton, late Medical Registrar of the School of Physics, who can speak with the most unquestionable authority on this matter. That the other licensing bodies did not endorse the action of Trinity College is conclusively proved by their continuing to accept the certificates of the Ledwith School, and further by this resolution. The *Medical Press and Circular* of April, 1877, states:—"A statement of the entire case, with copies of the correspondence, having been laid before the Council of the Royal College of Surgeons in Ireland at its last meeting, March, 1877, it was resolved unanimously:—That the question of the disfranchisement of the Ledwith School of Medicine by the University of Dublin having been brought under the notice of this council by the proprietors, this council merely express their opinion that such procedure was not warranted by the facts now disclosed, and that nothing has been brought under their notice which could call on them to withdraw the confidence they have hitherto reposed in the proprietors of that school." Among the names of those forming this council are:—R. McDonnell, president; P. C. Smyly, vice-president; Messrs. Collins, Butcher, McNamara, Porter, B. G. McDermott, Walsh, McSpater, Hamilton, Kidd, McCintock, Durban, Barton, Stokes, Chaplin, Tufnell, Wheeler, R. F. McDowell, Curley, &c., and these medical gentlemen, I submit, were more competent to form an accurate opinion of this purely medical question than the laymen constituting the Board and Academic Council of Trinity College, even when assisted by Master Pigott.

3611. Sir RICHARD MARTIN.—Is there any point in Mr. O'Grady's evidence that you wish to refer to?—No. Dr. Knight will refer to it, sir.

Dr. Charles Frederick Knight examined by Sir RICHARD MARTIN.

Dr. C. F. Knight.

3612. Before you commence, Dr. Knight, I would ask you to be particular not to indulge in personalities, because the inquiry would be simply endless if we listened to such—I intend to take up the queries of the Commission, and to reply to them, following up the evidence that has been already given by Mr. O'Grady. I am one of the Physicians to Mercer's Hospital and a Member of the Board of Governors.

3613. Mr. HOLMES.—May I just ask you this question—I presume, Dr. Knight, you are going into this debating case, if I may so put it, for the purpose of settling your hospital right with the public?—Yes.

3614. You consider the evidence given by Mr. O'Grady has done your hospital harm?—Certainly.

3615. And you are now going to rebut his evidence with the view of justifying your hospital before the public?—Yes, sir. The queries sent out by the Commission reached the hospital in July last, at that time of the year the greater number of the members are out of town and no regular board meeting was held in that month. That explains also, why the query sheet was not submitted to the ordinary board, there was to be a board meeting held in July. Several special meetings were summoned to consider the financial condition of the hospital, a crisis having arisen by the collapse of the Munster Bank, and no funds being in hand to meet the claims for salaries, it was imperative that a board should be summoned to devise some means of providing funds for these purposes, but it was found extremely difficult to get a board together, notwithstanding the urgency. The meeting was summoned for the 16th July, and adjourned to the 26th, when only five governors attending. It was further adjourned to the 24th, but no quorum assembled on that either. The query sheet was sent in on the 31st July.

3616. Mr. HOLMES.—But how do you explain the apparent apathy on the part of the Board of Governors, surely it does not say very much for their interest in the hospital that they did not attend in reply to these summonses?—I explain that there was no board held in July.

3617. Yes, but you told us also, that endeavours were made to summon a board, and that those failed? does not that speak very badly for the interest shown in your hospital by the Governors?—It was owing to the time of the year. The Board of Governors was extremely small, and the majority of them were out of town at that period of the year.

3618. Mr. HORROX.—Following up what Mr. Holmes said, it appears to me that so far from rebutting anything, you appear to be throwing the greatest possible slur upon your hospital; I really think you ought to be more careful, and consider well the propriety of entering further into those matters. We only want to assure, if possible, that the hospital will not be more injured than it has been, but it seems to me that you are all doing your best to destroy it!—I want to show why the query sheet sent out by this Commission was not attended to. You appeared to think that it was treated as an ordinary document of little importance.

3619. Sir RICHARD MARTIN.—I don't think there was any such expression of opinion. Mr. O'Grady only stated that it was not submitted to the Board, and afterwards that was explained away by the evidence of the Registrar to the effect, that although it was not submitted to the Board formally, several of those connected with the hospital saw it along with the answers sent in, of which they approved. I think that ought to be left alone now?—There were several questions asked on the point, I think. The Registrar

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was closely cross-examined, so to speak, by the Chairman and others in reference to it.

3620. Quite so, the Registrar was questioned because Mr. O'Grady raised the point that the query sheet had not been put formally before the Board, but he (the Registrar) explained the reason why it was not, and added that the sheet was submitted to several of those who took a great interest in the hospital, and that the answers to the queries were approved of by them. I think you may pass from that subject!—Very well, sir. If the Commission are satisfied that the query sheet received every attention at the hands of the authorities of the hospital I will say nothing further on that matter.

Mr. ARMISTEAD.—If you look at Mr. Anthony McGuckin's evidence, page 74, from question 1744, to the end of the examination, you will find that the whole thing is explained there.

Mr. HOLMES.—At any rate the point is so utterly insignificant that it is not worth while taking up the time of the Commission with evidence upon it.

3621. Dr. Knight.—Then I pass from this. The next point is as to the reply furnished to query No. 6—that eight was the average number of Governors attending each meeting of the Board, and as doubt has been thrown upon that, I wish to say that the accuracy of the return made by the Registrar is unquestionable, because it was obtained from the records of the hospital. It was stated by Mr. O'Grady that four or five formed a quorum, and that he considered four or five would be the average number of Governors attending; but I desire to point out that it would be impossible to constitute a Board unless five were present, or it takes five to form a quorum, so that we could not have a Board if only four were present. No doubt the number of Governors who regularly attended the Board meetings has, during my connection with the hospital, been very limited, and consequently the five medical men would seem to take the most active part in the working of the institution. Mr. O'Grady said it was managed by four of the medical men, but the present senior surgeon has himself for a considerable time practically directed the course of events there. When I was elected to the Board of Governors I found Mr. O'Grady in fact directing the course of events on that Board, and the condition which I found the hospital in then I attribute to that fact. With regard to Mr. O'Grady's remark that I am constantly in the chair at our Board meetings, I beg to state that I have been repeatedly put into the chair by Mr. O'Grady's own act. I should explain that it is the rule with us that the third Governor entering the Board-room after the hour for which the meeting is summoned takes the chair. Now, sir, it was found in the spring of 1884, that the accommodation available for patients seeking relief at the hospital was wholly inadequate.

3622. Mr. HOLMES.—What question in the evidence are you dealing with now—what are you rebutting in other words?—What I am now on has reference to Mr. O'Grady's answer to question 1634—"The hospital is pretty much managed by four medical men, one of whom has been almost invariably in the chair," &c.

3623. Sir RICHARD MARTIN.—But you would appear to be endorsing that rather by stating that the medical men were most active!—I say that there must be five to form a quorum, and he is endeavouring to show that there were only the four medical men whom he afterwards calls the Lodwick Ring.

3624. But he never said that he might not attend himself when he chose—he merely stated that he did not wish to attend!—Oh, he was attending at that time—he was a very regular attendant then. It was found in the Spring of 1884, that the accommodation available for patients seeking relief at the hospital was wholly inadequate, and the medical officers unanimously agreed that it was imperative to commence the new buildings at once, and also to appeal to the public for funds to enable the Governors to begin the work, and to pay off the debt on the hospital. Some members

of the lay board did not approve of expending the funds of the charity on new buildings, but it was resolved that any additions to the hospital should be paid for out of a separate fund to be called "The Building Fund." To the credit of this fund the Lodwick bequest was placed, and all moneys obtained for building purposes by appeal or otherwise.

3625. Mr. ARMISTEAD.—What previous evidence do you refer to now?—This is to show that the hospital is at present in a state of transition, we had at that time so much work to do that we thought the hospital too small and resolved to enlarge it.

Sir RICHARD MARTIN.—But that all came out in evidence before, and you are merely to explain away new statements if Mr. O'Grady made any such.

3626. Mr. HOLMES.—Will you deal with any evidence given by Mr. O'Grady to which you object?—Certainly sir, but I think I should also be allowed to make some general remarks with regard to the hospital, to show that its present condition is not normal but merely transitory.

3627. Mr. ARMISTEAD.—Have you read all this (Mr. O'Grady's) evidence, may I ask?—Yes, I have read the evidence of all the witnesses from Merrow's.

3628. And why not reply to anything you object to in Mr. O'Grady's testimony?—So I purpose doing, but on present, I may merely make a few general observations the better to explain matters.

3629. Mr. HOLMES.—But why did you not come forward at the proper time and offer such evidence?—So I did, but the Commission did not receive my evidence. The Chairman said you had had sufficient evidence.

Mr. HURRIS.—Dr. Knight did tender himself for examination, but you may remember that the inquiry was adjourned somewhat abruptly on the motion of Mr. Kennedy, and in the hope—which I fear has not been realized—that all these unfortunate differences would have been reconciled in the meantime.

Sir RICHARD MARTIN.—It is quite clear to the Commission that your hospital is in a transition state. Dr. Knight, and the hope is that your differences will be composed. That was the idea in postponing the inquiry.

Mr. HOLMES.—I think Dr. Knight should confine his evidence to-day to the testimony given by Mr. O'Grady, which he regards as misleading, and which he thinks ought perhaps to be explained to the general public through the statements to be now made.

3630. Dr. Knight.—I merely wish to show on this head that it was in consequence of Mr. O'Grady's conduct—I did not wish even to introduce his name, and it was first mentioned by a member of the Commission—that it was in consequence of Mr. O'Grady's conduct that we have not commenced building up to the present moment. That is what I am coming to. Shall I proceed, Mr. Chairman?

Mr. HOLMES.—If this is allowed we may expect that Dr. O'Grady will ask to be re-examined for the purpose of replying to Dr. Knight, and if so it seems to me that we shall be sitting here all day.

Mr. ARMISTEAD.—I quite agree with Mr. Holmes that there appear to be personal matters with which we have nothing to do.

3631. Dr. Knight.—I don't think that I mentioned anything personal, except that I mentioned Dr. O'Grady's name.

Sir RICHARD MARTIN.—There is no question but that there has been an unhappy difference existing amongst the staff of the hospital. That is the sum total of the evidence Mr. O'Grady has given, and I don't think you, Dr. Knight, or any of the others connected with the hospital who were examined, have controverted in any way the accuracy of Mr. O'Grady's evidence in that regard.

3632. Dr. Knight.—But I am going to controvert his evidence if allowed to proceed.

3633. Sir RICHARD MARTIN.—And to say that you are all a happy family now!—Well, not exactly that, but there is only one, or at most two, members of the

Board unhappy. The Governors are otherwise positively unanimous.

3634. Anything you wish to say on that point we should be glad to hear!—Then shall I pass over what I desired to say about the buildings, or shall I continue. I would not occupy many minutes.

3635. I think there is no necessity for touching on the buildings—Mr. O'Grady gave an evidence about them!—But I wanted to explain about our operation theatre, our pharmacy, and our dispensaries to the present Commission, to all of which he referred.

3636. He says that improvement in these is very much needed and would be most desirable, so that you are agreed!—Yes, but he did not tell you that women had actually been received for these new buildings, and that it was in consequence of the admission of a typhus fever case to the surgical accident ward that the works were stopped. I would like to read this, sir—it is very brief.

3637. Very well, proceed!—Plans and specifications had already been obtained and these were submitted to the Board of Governors and approved of. It was ascertained that these contracts at least were necessary, and the old premises being in a dismantled state, and part of them condemned by the Corporation, it was resolved to take down the premises. This was done. It was now found necessary to have the foundations for the new wing excavated. This was also done—both contracts and the architects' fees being paid out of "the building fund." Tenders were then invited for the erection of the new wing, and fearing that the total expense would far exceed the amount of the building fund, it was decided to have two separate contracts for the work. These were obtained, and it was deemed advisable to consider only those tenders for building the operation theatre, the pharmacy, dispensary, and apartments for the officers. The tenders were eventually reduced to four, the contractors being invited to reconsider their tenders as they were nearly equal in amount, but before the new tenders were submitted the admission of a case of typhus fever into the surgical accident ward, and the impact held after wards, threw such discredit on the hospital that funds stopped coming in, while the subsequent line of obstruction pursued at the meetings of the Board of Governors combined to prevent any further efforts to build. That is all I mean to say with regard to the buildings—I merely desire to state the reasons for our not being able to proceed with these very necessary improvements. The next matter is with regard to the vote of the chairman (question 1635).

3638. Has the chairman a double vote, as Mr. O'Grady stated?—It is not necessary for the chairman to vote on all occasions, nor does he usually do so, but this does not deprive him of his right to vote. On one occasion I exercised this right, and subsequently gave a casting vote as chairman. It had been decided by a previous Board to elect a resident medical officer, and it was proposed on the day of election to postpone the election and to issue advertisements, but as the matter has been the cause of misapprehension, I submit the following extracts from the minute book of the hospital. "On Wednesday the 14th January, 1885, it was resolved to select a person who would be suitable to discharge the duties of apothecary and resident medical officer. At a meeting, held on 11th February, 1885, it was proposed by Mr. E. P. Retson; and seconded by Mr. William Jamieson, 'that Dr. Griffin, be appointed resident medical officer for the ensuing twelve months in accordance with the recommendation of the Medical Board'—passed, Mr. Nixon declining to vote. Proposed as an amendment by Mr. Joseph Abbott; and seconded by Mr. F. A. Nixon, 'that an advertisement be inserted in the *Irish Times*, *General Advertiser*, and *Daily Express*, for a resident medical officer, and that an election be held at next monthly meeting'—lost." The occasion, and the only one, upon which the chairman gave a double vote was on this amendment.

3639. Mr. HOLMES.—Mr. Griffin was elected—is that the gentleman referred to by Mr. O'Grady, in answer to question 1635, as a relative of Dr. Nixon?—Yes, sir.

3640. Your evidence deals with that particular election!—Yes, and I should explain that the gentleman is not a relative of Dr. Nixon exactly—he is only a connection by marriage. But you see that the occasion upon which I voted twice, was a question of advertising the vacancy, and in my judgment it was not desirable to postpone the election any further. I did not vote twice for Mr. Griffin's election, as was stated, nor did I vote at all. The next matter is with regard to the number attending the dispensaries (question 1640). There Mr. O'Grady questions the accuracy of the return of external patients. Now, with regard to the number of patients attending the dispensaries, I have frequently taken the number of those attending my dispensary, and an average of thirty would be a rather low estimate. Of course, the hospital, being principally a surgical one, the surgical dispensaries are much larger. But I am only one of a staff of five, and if you multiply my average, which is much higher than thirty, but which I take at thirty, you get an average of 150 per day. True, Dr. Mason's dispensary is not so large as mine, but the surgical dispensaries are much larger, so that I am not over-estimating the average. As a matter of fact, however, the governors ascertained on the 29th January last, that ninety-two patients attended the dispensaries.

3641. Sir RICHARD MARTIN.—But Mr. O'Grady merely states that he does not know how the figure in the return was arrived at!—That was explained by the Registrar, and if you will refer to the report of the committee which was appointed by the governors to investigate the evidence you will find it explained still more fully. The Registrar received from the hall porter, checked by the apothecary, an average of between 70 and 80 patients per day. He took 60 as an average per day, to allow for Sundays— $365 \times 60 = 21,900 + 5,398$  (accident cases) = 27,298. The next point is, with regard to the number of students (question 1641). The number of students attending the hospital varies considerably, but of course the majority of students only go round the wards with those who give clinical instruction at the bed side. Mr. O'Grady states that he has not seen for some time past, fifty students in attendance with him, but it does not follow that fifty students were not in the hospital.

3642. Mr. HOLMES.—But does it follow that there were—is that what you wish us to infer!—Certainly.

3643. Sir RICHARD MARTIN.—At any rate Mr. O'Grady's evidence is only that he did not see the number of fifty any day—he did not say that there were not fifty in the hospital!—Yes, and I wish my evidence to be taken that I have seen more than fifty. There was a remark made by Mr. O'Grady, which I wish to explain, to the effect that no student was colored at the end of a session.

3644. Mr. HOLMES.—What question in his evidence do you refer to!—It is question 1852 in Dr. Ward's evidence, when Mr. O'Grady interposed and said—"Will you ascertain, sir, when the list was drawn after last year's roll. I wish to dispute the veracity of Dr. Ward's statement. I saw, myself, Dr. Shaw, the Medical Registrar, writing in the name of the eightieth man for last session, quite recently. I saw that done with my own eyes." That, sir, was with regard to a student named Wales. I should explain that we have two entry books—the Medical Registrar keeps two entry books—one contains the names of the students who pay their fees at the time, and the other the names of students who give their names as those of students who are about to attend the hospital, but who do not pay their fees. The second is called the provisional entry book; and what Mr. O'Grady saw was the Medical Registrar, transferring the name of a student who had attended during the session from the provisional entry book to the book containing the names of students who had paid their fees. I have a

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letter been addressed to Dr. Ward from the Medical Registrar, which I will read with your permission.

1643. Sir RICHARD MARTIN.—Is it necessary—the explanation you have given now is quite sufficient. It only shows how inconvenient it is that there should not be harmony existing between the officials and between the governors and medical staff, to explain away these little differences. You need not read the letter!—Then I hand in this letter (proceed).

1644. Oh, it is not necessary; we record your explanation, which is quite sufficient. What is the next matter you wish to refer to?—Before proceeding further, may I just add with regard to the question of the number of students that there can be no doubt as to fifty being the average attendance per day, because that is also proved by the books which we keep to record the actual number of students visiting the hospital each morning. These books can be produced if you should so desire.

1647. It is not at all necessary.—Mr. O'Grady has stated in evidence merely that he did not see them. Proceed if you please!—The next point then is in regard to the nursing—question 1645.

1648. Mr. O'Grady said he is not satisfied with the nursing—are you? He says the night nursing was very bad—do you agree with him?—No, sir, I do not; decidedly not. I have at all times found the nurses most attentive to their duties and kind to the patients. We are most fortunate in this respect. In the medical wards, our nurses, both day and night, always carry out the directions given to them in a most satisfactory manner. Having constantly visited the hospital at all hours, day and night, I can speak with confidence of the efficiency of the nursing arrangements of the hospital.

1649. Are the same nurses employed in the surgical and medical departments of the hospital?—No, sir, except the night nurses. One night nurse attends the medical ward and the female surgical ward, and I at all times found her most attentive in carrying out her duties.

1650. Mr. HURRIS.—There Mr. O'Grady rather agrees with you, for he says that the night nurse was most attentive!—I know very little with regard to the night nurse in the male surgical accident ward, except that I have seen her often on duty when I attended the hospital at night; but the night nurse who attends the female surgical accident ward, is the same night nurse who attends the medical ward, and I have always found her most satisfactory.

1651. Sir RICHARD MARTIN.—And so Mr. Hutton points out, Mr. O'Grady rather agrees with you, because he says some of the night nurses are good!—Very well, sir. Now I would call your attention to the reply given by Mr. O'Grady to question 1646.

1652. Mr. ARMISTEAD.—That is about the mad nurse!—Yes—the mad nurse as she has been called.

1653. Mr. HOLMES.—First let me ask you how many night nurses are there?—Two on duty.

1654. And how many nurses are there altogether?—Five nurses and three assistant nurses. I never heard of our having an insane nurse, it would be deviously absurd, and the matron denies positively that she ever stated that such was the case. I would request you to ask the Registrar, who is in attendance, to produce the matron's letter denying that we ever had an insane nurse.

1655. You did not consider her mad?—Certainly not; but I would like to have that letter read.

1656. Your statement will be recorded, which is sufficient. Is there any other point to which you wish to refer?—The next matter is with regard to the admission of cases to the hospital—question 1672—dealing with the Commissioners' 31st query:—"How are patients admitted to your hospital?" Now, as to the manner in which cases are admitted to the hospital, I have to say that accidents and urgent cases are admitted at all times and without recommendation. Other cases were formerly admitted on an order signed by a Governor or medical officer. It

was found, however, that the beds of the hospital were to a large extent, occupied by patients from distant parts of the country, and that these patients were a source of great expense to the charity. Moreover, it appeared that these cases were sent to Mr. O'Grady, who admitted that he had sent numbers of admission cards to various parts of Ireland—how many he could not then say—and some of these when presented by patients at the hospital were found to bear no name but Mr. O'Grady's. The Governors considered this most irregular, and formulated some resolutions dividing the surgical beds equally among the surgeons, and the medical beds equally among the physicians, ordering at the same time that the notes of country patients should in future be signed by two lay or two medical governors, also that the number of patients admitted should be limited for the present so as to lessen the expenditure.

1657. What exactly do you object to in the answer which Dr. O'Grady gave—his answer seems to me confined to the fact that the remote parts of the country are outside the Circular-road?—I want to show why it was that the form of admission was changed by the Governors.

1658. He says nothing about that, all he says is that "the remote parts of the country," a phrase used in your annual report, means outside the Circular-road, and do you object to that?—That is in the country.

1659. That is all he says. The rest of his answer is a quotation from the governor's report!—Yes, and my evidence is in reference to the Commissioners' query, No. 31—"How are the patients admitted to your hospital?"—and in support of the answer given by us—"Accident cases are admitted without any recommendation; other cases are admitted by order." The next matter is about the amount paid to Cork-street Fever Hospital (question 1680).

1660. Sir RICHARD MARTIN.—That was explained also; it is necessary to refer to it further!—Well, Mr. O'Grady gives some doubt upon Mr. Nixon's statement that three guineas were paid to Cork-street Hospital for each of our students.

1661. Mr. HURRIS.—He stated that he was not aware that that was the sum paid!—I can only state not only that the sum paid to Cork-street Fever Hospital always was three guineas for each student, but that each fee was paid by order of the Medical Board, every member of which is cognizant that that was the amount paid.

Sir RICHARD MARTIN.—That is not at variance with Mr. O'Grady's evidence. All he said was, "I am not aware that three guineas is the sum paid to Cork-street for students entered from Mercer's." The secretary of the Medical Board is here, and can correct me, but my recollection is that the resolution passed was to pay to Cork-street Hospital one-twelfth of the money paid by the students to us."

The Secretary (Dr. Nyke).—And the amount paid by the students is twelve guineas a year for three years, or thirty-six guineas, a twelfth of which would be three guineas.

1662. Sir RICHARD MARTIN.—That matter is quite clear now, and it is quite unnecessary to refer to it further!—Very well, sir. I now wish to direct attention to Mr. O'Grady's answer to question 1675, in which he says, in reference to the new buildings, "We have a couple of funds available for that purpose, and I wanted my colleagues to join me in a guarantee for £50 a year interest on money which I proposed should be raised on loan, in order to enable us to complete the amount necessary for building an operation theatre and a dispensary." With regard to the new buildings, on one occasion I spoke to Mr. O'Grady about the want of funds, and I asked him if he would join me in raising the amount required. He gave a sort of conditional promise, but said that he would speak to Dr. Mason and Mr. Nixon about the matter, as they might be offended if we took any step of the kind without first consulting them. I never heard any

thing more of the subject; but it was I who broached the matter to him, and not he to me, as stated.

3663. Mr. KENNEDY.—Did you ask him anything further about it?—Except at that time.

3664. But you did not follow it up by any subsequent inquiry?—No.

3665. And he does not state here that it was a serious application, or that it was an application which was a continuous one?—No, but he states that the proposal came from him, whereas it was I who broached it to him.

3666. Sir RICHARD MARTIN.—I don't think there is anything in it; at all events it is a very small matter?—He says there that he asked his colleagues to guarantee £50 a year; and as one of his colleagues I deny that.

3667. But say that you asked him?—I asked him to assist me in raising the whole amount.

3668. Then I think there is not much difference between you?—Except that he never asked me to assist him in paying £50 a year.

3669. Is there any other point to which you wish to refer?—Yes; to question 1714, with regard to the resident surgeon being elected for one year only. It is the usual practice in the Dublin hospitals to re-elect the resident medical officer for a second period of office. I make that remark to show that there was nothing extraordinary in Mr. Griffin's being elected for a second term of office.

3670. And there is nothing stated in Mr. O'Grady's evidence to imply that there was?—Our resident pupils are selected after examination from amongst all the students of the hospital.

3671. Mr. KENNEDY.—Dr. Knight, may I ask are you aware that when this inquiry was adjourned suddenly, on the day the last witness from your hospital was examined, that a request was made that you should all endeavour to solve those unfortunate differences and difficulties. I am afraid you are simply making bad worse?—It was found to be impossible, sir.

Sir RICHARD MARTIN.—You are really referring to matters concerning which there is no controversy. So far as I can judge, the slight differences of opinion that do exist are about nothing material.

3672. Mr. HOLMES.—What do you object to in Mr. O'Grady's answer to question 1714, the last which you quoted?—That in with regard to the resident medical officer being elected for two years in succession, to which Mr. O'Grady objected.

3673. He does not say that here—all he says is that the resident superintendency of an hospital is a very valuable post?—Yes. Then, with regard to the resident students, the question was asked—

3674. Where, what question?—I think it is in Mr. Nixon's evidence, but the question was asked how are the resident pupils selected?—Indiscriminately from all the schools, or how.

3675. But that is in Mr. Nixon's evidence you say, and don't you agree with him?—Yes, I do, but I want to reply to the intimation that we selected from among the pupils of one school, the Leodwick. The fact is that our residents are selected after examination from amongst all the students of the hospital. Any student can offer himself for the post of Resident, but he has to pass an examination before he is elected. The next thing I wish to say, sir, is with regard to the small number of governors of the institution. Shortly after my election as a governor of the hospital I proposed the names of several gentlemen to Mr. O'Grady for election as governors, but he invariably said that he was opposed to adding on any new governors, as it would be dangerous to have the hospital removed from under the control of the medical men, and I have heard him object to similar propositions from another member of the Board. Mr. O'Grady states, that he would like the Board of Governors to be largely increased, but it was Mr. O'Grady himself who prevented me from proposing any new governors.

3676. Mr. KENNEDY.—How could he have prevented you from proposing them if you wished to do so—you have a legal power to do so?—Because I would not like to—

3677. Mr. O'Grady is absent, and, therefore, I ask, Dr. Knight, if you really were in earnest in your desire to propose gentlemen as new governors, how could Mr. O'Grady prevent you from doing that which you had a legal right to do?—Well, he was senior to me, and I thought it wise to broach the subject to him first.

3678. Now mark the reply you make to this question for it is of some importance—do I understand you to state that your confidence in Mr. O'Grady was, at that time, such that you were prepared to accept and follow his advice?—Yes, at that time it was.

3679. Mr. HOLMES.—And what was that time, may I ask?—That was shortly after my election as a Governor, in June, 1883.

3680. Mr. KENNEDY.—And what point do you wish to make?—That that is the reason I did not propose any new governors—his objecting. I have heard him also object to similar propositions by other members of the Board.

3681. When, may I ask?—During the year 1883.

3682. You say you had confidence in Mr. O'Grady then—when did you differ with him?—At the time of the holding of the inquiry regarding the typhoid fever case, whenever that was. I differed with him with regard to the manner—

3683. I did not ask the reason of the difference—I want you to confine yourself to more dates, and I have an object in asking this; what was the date of your disagreement or your losing confidence in him?—The date of the inquiry.

3684. That does it for us; and may I ask why you did not then, when you lost confidence in him, revert to your original proposal to elect new governors if you were sincere in your desire to enlarge that Board?—Because since that time the ordinary work of the Board was so obstructed by charges, and the investigation of charges, by Mr. O'Grady, and various matters as regards his conduct.

3685. You used the phrase, "ordinary business of the Board," do you desire or mean to convey to us that you were so occupied as a Board that you could not attend to so important a matter as the enlargement of the Board?—Under our bye-laws we had a regular routine to follow, and owing to the obstruction I referred to we found it difficult to discharge even the ordinary and necessary business.

3686. But why could you not adjourn from one day to another—you were not confined to the ordinary monthly meetings?—We did adjourn from time to time.

3687. Then are we to understand that the house was in that state of management, or rather mismanagement, that you could not find a time in which you might introduce such a motion as that, when your belief was that the Board should be enlarged—that its parity of members lay at the bottom of the whole evil?—The question might have been introduced, but it was impossible to put on any new names at that time.

3688. But, during all the period that has elapsed from the time you began to differ from Mr. O'Grady, why did you not endeavour to carry out your original purpose of moving to enlarge the Board when you were, as you say you were, of the opinion that it would have served the institution?—Simply because the time of the Board was so much occupied, in addition to the ordinary work, with the proceedings of Mr. O'Grady.

3689. Sir RICHARD MARTIN.—Is there any other point you desire to refer to?—I am happy to state, sir, that the Board has elected thirteen new Governors recently, and I hope their presence on the Board will enable us to obtain that increased accommodation that is so much required.

March 1, 1884.  
Dr. C. K.  
Knight.

March 1, 1887  
Dr. G. E.  
Knight.

3690. Mr. HURRO.—Might I ask you, Dr. Knight, are these all paying members, subscribers, I mean?—The Governors?

3691. Yes.—The fourteen new Governors. Merely as a matter of general interest I want to know whether they are subscribers, because there was a curious alteration in your bye-laws in that respect. Originally there was a penal clause against gentlemen being made Governors unless they subscribed, and that was altered in 1876?—No, sir, there is no such rule in existence.

3692. I beg your pardon, in 1876 this was the rule: "All future Governors shall give as a donation ten guineas, and subscribe one guinea annually, or subscribe two guineas annually." That (produced) is the report of your hospital for 1877, is it not?—Yes.

3693. Sir RICHARD MARTIN.—Are those rules in force still?—No, they are not. But no doubt the gentlemen who have been elected Governors will subscribe to the hospital.

3694. Mr. HURRO.—Here (produced) are the general rules for the management of the hospital, and you see there the rule as to Governors subscribing, and another providing for the summary removal of Governors who failed to subscribe?—We followed the charter of the hospital, and the charter says nothing about paying two guineas a year.

3695. Sir RICHARD MARTIN.—And as a matter of fact, the fourteen gentlemen that you have elected are not all subscribers?—They were elected according to the charter.

3696. But are they subscribers or not?—They have not all subscribed yet.

3697. Mr. HOLMES.—"Yes," but are they going to do so, that is the real point?—Some of them have expressed their intention of subscribing, and I think one has already paid.

3698. Mr. O'Grady states in reply to question 1621 that he does not think any Governor elected since he joined the Board has been in the habit of subscribing?—Yes, sir; and with regard to that, I have been elected, and Dr. Ward has been elected since that, and I am in the habit of paying regularly two guineas annually, as the reports of the hospital will show.

3699. But Dr. O'Grady manifestly referred to the lay Governors—is it the fact that some of them do not subscribe?—It is the fact, I regret to say.

3700. Mr. KENNEDY.—Before you leave that question of the new appointments, I would wish to lift it a little—first may I ask you how you arrived at the fourteen new men?—The names were suggested by the Governors present at a regular Board meeting.

3701. And can you tell me whether there is any record on your minutes as to the modes in which these fourteen gentlemen were selected or elected?—Yes.

3702. Did each doctor or member of the medical staff get the enumeration of a certain number of Governors?—Each Governor has the right to nominate, and the members of the medical staff are Governors.

3703. Were the nominations, practically speaking, nominations distributively made, so to speak, by each member of your medical board?—Well, I am not aware that Mr. O'Grady nominated anybody.

3704. I have not asked that question, but since you have given the reply, let me ask did the persons who differed from Mr. O'Grady behind his back nominate a certain number of men, and say, "we wish these men to be made Governors now"?—Made Governors now?

3705. Well, I don't say so to the day you know, but that they, behind backs, nominated so many, and said "we wish these to be made Governors"?—I don't quite understand the question.

3706. Was it an arrangement behind Mr. O'Grady's back that a certain number of Governors would be made—an arrangement among the other members of the medical staff arrived at behind Mr. O'Grady's back?—It was arrived at at an ordinary meeting of the Board.

3707. I did not ask that, and *gray answer* my question—Did the medical men, or practically the medical men on the Board of Governors, suggest the names of fourteen men who should be made Governors?—They

suggested the names of a great many men—some thirty in all I think.

3708. I am quite aware that they did, but did they at all events suggest the names of the fourteen men that were appointed?—The medical board?

3709. Yes?—I think they did.

3710. That is a fair answer to my question. Now may I ask you upon what principle it was that these men were nominated by you to become Governors of that hospital—if they had any claim to be Governors beyond the mere selection of the medical men?—The simple fact is that the Board selected a number of gentlemen who they thought would act and efficiently carry on the work of the charity.

3711. And was not that practically extending the number of the Board nominally whilst in reality it afforded the public no protection at all in the management of the institution; were not those gentlemen the nominees of the medical men?—Well, they must of necessity be the nominees of the medical men because the medical men form a large proportion of the Board.

3712. Mr. HURRO.—Did you get the consent of these fourteen gentlemen to be nominated?—Certainly. No one was proposed for election whose consent had not been obtained.

3713. Mr. HURRO.—Would the minutes of your meeting on the particular occasion disclose the names of the fourteen elected?—Yes, they would; and the minutes are here.

3714. Sir RICHARD MARTIN.—Is there any other matter you wish to refer to?—Yes, sir, I wish to make some general remarks with regard to the hospital.

3715. Mr. HOLMES.—When asking these gentlemen whether they would consent to be put forward as Governors, did you ask them whether they would be willing to subscribe to the charity?—Well, sir, I did not ask anybody; none of these gentlemen are my nominees.

3716. Mr. HURRO.—Might I ask the Registrar whether you have had any general rules printed since 1877?

3717. Mr. Anthony M'Guckin (Registrar to Mercer's Hospital).—I think 1877 is the last publication of rules.

Mr. HURRO.—And are those (produced) the bye-laws that Dr. Knight says you don't set upon; that is what I want to get at. Dr. Knight says you are not bound by those bye-laws, that they have been altered.

3718. Mr. M'Guckin.—Those (copy produced), are the bye-laws that they are working on at the present time, sir, printed in 1877.

Mr. HURRO.—I have one here dated 1877, that from which I quoted, but Dr. Knight says you are not acting on that now; "each future Governor shall give as a donation ten guineas and subscribe one guinea annually, or subscribe two guineas annually."

3719. Dr. Knight.—But we were acting according to our charter. I so stated previously.

3720. Mr. ANSTON.—But ignoring your own bye-laws?—We found that that bye-law is illegal, and we have not acted upon it.

3721. Why not revise the bye-laws then and not occupy the anomalous position of acting in direct opposition to them?—That very subject was ventilated at the last Board meeting, and they are about to appoint a Committee to revise the bye-laws and have them printed.

3722. Mr. HOLMES.—As a matter of fact, can you tell me how many of your lay Governors do subscribe?—I could only tell that on looking to the report.

3723. Can the Registrar tell us?—Oh, yes; he can.

3724. Are you in a position to give us that information now, Mr. M'Guckin—how many of the lay members of your Board of Governors as a matter of fact subscribe to the institution?

Mr. M'Guckin.—They nearly all subscribe—all I think with the exception of two or three.



3725. Mr. HUTTON.—We know ourselves of two who do not—two named in evidence before.

3726. Mr. HOLMES.—(To Mr. McGuckin).—Do you publish a list of the subscriptions in each year?—Yes, of course—in our report. To the best of my knowledge there are two or three that don't subscribe at all.

3727. And those who do subscribe can they give anything they please, or have you a fixed minimum?—Oh, anything at all that they wish to give, sir.

3728. From one shilling upwards?—Well, if any one came into the hospital and gave me a shilling, I would take it from him.

3729. Mr. KENNEDY.—But you would not make him a Governor?—No.

May I ask you whether any of the fourteen new Governors ever subscribed anything to the hospital before they were elected on the Board?

3730. Mr. HOLMES.—First can you tell us who they are?—Yes. I have them recorded here (minute book).—“The following gentlemen, having been duly proposed, seconded and balloted for, were declared elected Governors of Mercer's Hospital:—Henry Vincent Jackson, J.P.; Joseph Fisher; Abraham Shackleton, J.P.; Robert Milner; Mervyn Drake; John Tulloh; John Griffin; George Turner; Alderman Cochrane, J.P.; R. H. Davis, J.P.; Patrick Thompson, Sir Robert Jackson, C.B.; David Rogerson, J.P.; and Henry Falkner.”

3731. Mr. KENNEDY.—Can you tell us how many of these had been subscribers before they were elected Governors?—I think the only firms represented by the new Governors that subscribed previously was Alderman Cochrane's.

3732. Before their election as Governors no others subscribed?—No.

3733. Dr. Ford.—Didn't Mr. Falkner subscribe?—Yes, the first did, but it was Mr. Henry Falkner's father; and I think Mr. Rogerson too.

3734. Dr. Knight.—Now, sir, as to the general remarks I desire to make, it has been calculated that 40,000 people reside within a short distance of the hospital, composed chiefly of the artisan and labouring classes, a class more liable to accident than persons in a higher social grade—

3735. Sir RICHARD MARTIN.—We have had all that is evidence before?—This has nothing to do with Mr. O'Grady's evidence—

3736. No, but it has been already put in evidence that the hospital is in a very central position, and that there are a great number of poor people in the district which it serves?—Yes, sir, and I wish to offer evidence that the hospital is a necessity where it is at present.

3737. Mr. O'Grady himself gave evidence to that effect, I think that it is a most admirably situated hospital?—Surely it is open to any Governor to come forward and state the reasons why the Government grant should be continued and increased.

3738. But it was the management only that was questioned. As regards the central situation, and that it did good service in the past, and might do good service in the future, there was no controversy, and it would be only a waste of time to go further into that

now?—I wish to give some reasons then for objecting to the erection of a large hospital as has been proposed.

3739. Mr. HOLMES.—Before we leave the question of Governors I would ask how do you expect the public to come forward and assist the hospital, if the Governors don't subscribe something more than a nominal amount, and in many cases give nothing at all?—The Governors give a large amount of their time to the work of the hospital, and we have no reason to believe that these new Governors will not subscribe.

Mr. HUTTON.—But you have two or three old Governors on the Board who for years have never subscribed one penny, and that is almost unheard of, I think, certainly in Dublin, and we wish to know how such a wrong system has been allowed to obtain?

3740. Mr. HOLMES.—If lay Governors do not subscribe and are dominated by the medical men, they must be regarded as mere lay figures—the mere nominees of the medical staff?—Yes, but I call attention to the fact, sir, that those gentlemen—the old members who were referred to—were not nominated by the present medical staff. The senior lay Governor who attends the hospital is one of them, and he could not possibly have been nominated by any of the present medical men. May I proceed with my general observations?

Sir RICHARD MARTIN.—No. That evidence has been already given most exhaustively. We are perfectly satisfied, as I said before, with the central position of the hospital, and its usefulness in the past.

Mr. KENNEDY.—And you may also take it that we are thoroughly dissatisfied with the existing condition of things there, and with the management of the hospital. It is beyond doubt a central and time-honoured institution, and we hope that some arrangement will be made among the medical men that will enable this Commission to look forward to its career in the future most hopefully.

Mr. HOLMES.—You would do a vast deal of good to your institution if you could come forward and say to us that your differences have been composed.

3741. Dr. Knight.—I have no difference with any member of the Board save Mr. O'Grady. I did not agree with him as to the advisability of the holding of the inquiry, and I state so still.

3742. Mr. KENNEDY.—Are you the gentleman who sent me a printed pamphlet “Some transactions which have taken place in Mercer's Hospital”?—I signed my name to it.

3743. It was signed, yes. May I ask were you the author or compiler of that pamphlet?—Yes. It consists simply of extracts from our minute books. I would like to say a word or two about the institution, and the work done for the institution—

Sir RICHARD MARTIN.—We are quite impressed with that. It is not at all necessary to enter upon that subject further.

The Commission adjourned till next day at one o'clock.

March 1, 1886.

Dr. G. F. Knight.

March 2, 1886.

TUESDAY, 2ND MARCH, 1886.

The Commission met in the Privy Council Chamber, Dublin Castle, at twelve o'clock.

Present:—Sir ROWLAND BLISSERHARST, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. CHARLES KINCHEDY, J.P., Mr. R. W. ARMISTHNOT HOLMES, Mr. RICHARD OWEN ARMISTHNOT, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The minutes of the previous day's proceedings having been read and confirmed, further witnesses were examined with regard to Mercer's Hospital.

Mr. Joseph Abbott.

Mr. Joseph Abbott, examined by the CHAIRMAN.

5744. You are one of the Lay Governors of this Hospital?—I am.

5745. Mr. O'Grady mentioned that from a list of governors that was presented to us, some names were excluded or omitted?—Yes.

5746. Can you give any explanation of that?—I do not understand why the names were omitted—they certainly appeared in the last report published. I have looked into the matter. The several names mentioned by Mr. O'Grady, and omitted from the list of governors sent in to this Commission, were included in our last report. I have heard it stated that they were omitted in the replies to your queries through the particular question being misunderstood—that they were requested to give the names only of those who had been governors for the previous three years. But I don't know how that could be, because the question to my mind is very plain—"Give a list of the governors or directors, and state opposite the name of each individual the number of meetings of managing committee at which he has been present during the last three years."

5747. Are you in favour of the entire medical staff sitting and voting at your Board?—Certainly not. I think it is highly objectionable. The interests of the medical staff in some cases conflict too much with the interests of the hospital, and therefore it is not of advantage to the charity.

5748. You yourself, I believe, proposed on one occasion an amendment to a resolution for the election of a medical officer?—Yes, on the occasion of the election of Dr. Griffin, the Resident Medical Officer. I proposed that the post should be advertised and appointment made on the next regular meeting board day. My proposition was "that an advertisement be inserted in the *Irish Times*, *General Advertiser*, and *Daily Express*, for a resident medical officer, and that an election be held at next monthly meeting." Four governors voted for that amendment, and three voted against it. The Chairman then gave a vote, and a casting vote against the amendment, which turned the tables. It was held by some that did not carry the election, but both the gentlemen who proposed the election maintained to me that it did, as we could not move a direct negative. I considered for my own part that it was the vote that carried the election. The proposition for election may have been put as a substantive resolution, but the vote on that must have been precisely the same.

5749. You wished it to be made public that you were going to elect a medical officer?—Precisely—in order that we might get the very best man we possibly could.

5750. Is it the custom of your hospital to appoint medical officers without advertisement?—I cannot say, and my reason for not being able to say, is that formerly, under the charter, the medical staff so long as they acted without fee or reward, had the entire appointment of an apothecary in their own hands. When I was elected a governor, there was no resident medical officer but an apothecary, but subsequently when the post of resident medical officer was created the two offices were merged into one, and until the end of

1884, there was no question as to the medical staff electing thereto. At the end of 1884, however, a committee was appointed who passed rules and regulations, and I was on that committee, one of whose recommendations was, "that the future appointments of the resident medical officer shall be vested in the Board of Governors."

5751. That was in 1885?—I think I have the date of that report—it was 4th December, 1884, that was the previous December to this election, which was held about twelve months ago. That was therefore the first occasion that we could have dealt with the subject as a board.

5752. And was there any particular reason on that occasion, do you think, that this election should not be made public?—Well, the only thing that I know is that a resolution had been passed at a previous meeting to the effect, that the medical officers be requested to recommend a suitable person. I considered that the proposed order of things was practically sliding back to the old system and further—without saying there was negotiation or anything approaching to that—I knew that one of the governors was the brother-in-law of the young gentleman elected. But again, I say, I do not mean to intimate for one moment that that was his reason for acting as he did.

5753. In Mr. O'Grady the only governor who, in your recollection, has objected to the names of particular gentlemen nominated as new governors?—Oh, no. I myself recently nominated a gentleman of high position and wealth—a very desirable man, indeed; and another governor in the room objected, not Mr. O'Grady. I did not wish to subject my friend to a discussion, therefore, I did not bring forward his name.

5754. I was unable to be present myself yesterday, but I understand it was stated in evidence that the fourteen new governors have been recently elected?—Yes; at the last meeting of the Board.

5755. And that they were all proposed by one person?—Practically they were, as the minutes will show—that is, the lot of men, the newly elected governors, formed a portion of a long list of proposed new governors.

5756. Mr. ASHERHOPE.—We had the minute book here, but I don't think it showed that they were all proposed by one person?—The gentleman who did propose them mentioned to me that he himself had practically done so. He had the assistance of another member of the staff in selecting names.

5757. Mr. KENNEDY.—The question asked yesterday relative to that was, whether the medical men had consultatively, in the absence of Mr. O'Grady, nominated a number of gentlemen as governors, and the answer was that they had been put forward by one or two members; but that, I thought, referred to the larger list of thirty. I was of the opinion, I must confess, that the fourteen selected from that larger number of thirty, had the approval of all his medical men present, and that that was the entire staff with the single exception of Mr. O'Grady, who was absent?—I believe that is so.

3758. The CHAIRMAN.—That practically confirms the answer that Mr. O'Grady gave us then, that the hospital is really managed by medical men, who are friends of each other?—I have been a great many years on the Board, and though I would not say just so much, I am sure that if I proposed any resolution which was disapproved of by the medical men it would have very little chance of passing.

3759. Mr. HOLMES.—Mr. Abbott, from your knowledge, do you think that many of the lay governors are subscribers to the hospital?—Well, a considerable number of the old governors do subscribe, and we hope that the new governors will subscribe too, but I don't know that they have ever been asked to do so.

3760. There is no fixed subscription for a governor?—When I was appointed it was well understood that each governor should subscribe two guineas a year, and I have faithfully fulfilled that duty while in office.

3761. And can you tell us why that very salutary and proper rule was abolished?—I certainly had nothing to say to the abolition of it; on the contrary, I would have voted strongly against its abolition, but it was stated that they had no power under the charter to make the rule.

3762. No power under their charter?—Yes, no power to impose any such condition.

3763. Mr. ARMISTEAD.—It was stated here yesterday, that there was a bye-law actually declaring and laying down that persons should pay £10 10s., and one guinea a year, or two guineas annually, to qualify as governors?—Perfectly correct. That was in the bye-law I think in 1874.

3764. Up to 1877 I think it was—a copy of the bye-law bearing that date was produced here yesterday?—The rule to which you refer was rescinded in 1877, if my memory serves me aright.

3765. Mr. KESSELY.—The rules of 1877 are those you are now acting upon?—Yes.

3766. And were you a member of the Board when those rules of a previous date were rescinded?—I was a member, but I was not present. I know nothing about the change until I compared the two sets of rules recently, or comparatively recently. They must have been altered years before I became aware of it.

3767. Mr. ARMISTEAD.—Were you present when the fourteen new governors were elected?—Yes, I was, and I declined to vote and withdrew, because at an admittedly short Board I thought it was a wrong thing to elect so large a number as fourteen. I advocated the election of five or so then, who, having joined the Board, could join us in electing others, so as to secure harmonious action in the future. It was on that ground I objected, and no other, for I have the highest respect for many of the gentlemen elected, and am delighted to see them on the Board.

3768. Mr. HOLMES.—Is it a fact that since the rule just referred to was rescinded, about the year 1877, none of the governors have subscribed to the hospital?—No; some have subscribed, and some have not—it seems to be rather a voluntary matter. There is no power to compel it, so far as our charter is concerned.

3769. And they may subscribe as much or as little as they please?—There was a kind of stipulation in

the rules of 1874 for an annual subscription of two guineas which I consider was really binding upon us, and so I, at all events, acted on it.

3770. But since the rule was rescinded, any governor may subscribe what he pleases?—Or not at all—it is left entirely optional.

3771. Mr. KESSELY.—You do not understand us as having objected yesterday to the names of the fourteen newly elected governors, or any of them, because as a matter of fact the names were not before us until the close of the proceedings?—No.

3772. We only objected on its being made known to us that the government of the hospital was subject to the will of the medical staff, that the same body should have the entire election of this fourteen to work the system hereafter?—Yes, and that is the objection I urged also. When I nominated a layman outside the Board, he was objected to by another layman, but one who votes generally with the medical men.

3773. The CHAIRMAN.—I asked Mr. O'Grady a question bearing upon this point, having regard to the way the purchase money was divided among the staff, and the answer he gave was (1663)—“When I joined the hospital, if one man was ‘resigned,’ he got the proportion of the purchase money and a sum of £350, or something like that was divided amongst the other members of the staff. If the vacancy was caused by death, as I have said, the whole amount of the purchase money was divided amongst the staff.” Now, in your opinion, does not that illustrate the inconvenience of having a preponderance of medical men on the Board?—Decidedly.

3774. On what authority was this arrangement made do you know?—It was a mutual arrangement among the medical men, I understand. At all events during my time it never came before the Board in that form. Of course it has been referred to during the past year, but nothing more than that.

3775. A medical man coming in bought over the rights of the pre-existing man?—Quite so. And that £350 which now goes to a fund for the benefit of the hospital, in I maintain, not a gratuity on the part of the incoming man. He pays for his post, and so thanks to him; he could not get in without doing so, and if by a pre-existing rule that is allowed to the hospital, we may thank the rule and not the gentleman who pays. We have not as yet got that money into our own hands however.

3776. But that arrangement was come to without the knowledge of the Board as a board?—I believe so. It occurred some years before I joined the Board, in the end of 1874, or the beginning of 1875. So far as I can ascertain, it was passed about the year 1868.

3777. Mr. ARMISTEAD.—Does any rule now exist by which a governor can be removed from his office by his brother governors?—No rule, whatever. In fact, many of the gentlemen consider that “once a governor always a governor,” is the rule.

3778. Mr. O'NEILL.—With regard to the fourteen new lay governors recently elected, is there a Roman Catholic amongst them?—I think there are two. There is certainly one gentleman I know. I don't give it as a matter of evidence that there are two, but I think there are, and there is certainly one.

Mr. E. P. Brown examined by the Chairman.

3779. You are also a Governor of Mercer's Hospital?—Yes, a Lay Governor, and I wish to give some evidence in connexion with what Mr. Abbott has said.

3780. Relating to what branch of his evidence?—Well, one branch is with regard to the election of Dr. Griffin, the Resident Medical Officer. These (documents produced) are replicas which were adopted at a special meeting of the Board of Governors held this

morning to consider the evidence injurious to the hospital, given before this Commission. I rather objected to those going forth—I thought there had been quite enough before the public about the hospital, and that it would be much better to leave it alone, but as the Governors decided on sending this forward, I thought it would have been before the Commission, and I came here, inasmuch as my name is beset into it. In connexion with the election of

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Mr. Joseph Abbott

Mr. E. P. Brown

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Mr E. P.  
Bosson.

Dr. Griffin, my name appears as if I was an advocate of not advertising for candidates. You will see:—"Proposed by E. P. Bosson, seconded by William Jamieson, 'that Dr. Griffin be appointed Medical Officer for the ensuing twelve months, in accordance with the recommendation of the Medical Board.'" That was my proposition, and to that there was an amendment moved by my friend, Mr. Abbott, "that an advertisement be inserted in the *Irish Times*, *General Advertiser*, and *Daily Express*, for a Resident Medical Officer, and that an election be held at next monthly meeting," which I voted against. Now, I explain that by saying that under ordinary circumstances I would have been in favour of advertising, but on the previous 14th of January, there had been a resolution of the Board referring it to the Medical Board to recommend a fit and proper person, and they recommended Dr. Griffin, so that I considered we were distinctly bound by that resolution, and that we could not go outside it without having the order of the Board of the 14th January, rescinded or varied by regular notice of motion. I therefore moved that Dr. Griffin be appointed, and he was appointed. The answers given by Mr. O'Grady on this subject, I maintain, are "misleading," the word used in this document passed by the Board this morning, is "false." I would say that my proposition was carried in the way stated there. I don't think it matters very much how it was carried; but it was carried as a matter of fact. I had the minute book examined yesterday, and there is only one resolution.

3781. But what is the difference between your lay Board and the Medical Board?—Well, the Medical Board generally manage all the medical arrangements of the hospital and the lay Governors don't interfere.

3782. And you put on one layman and make the medical a lay board?—That may have been suggested by the lay element, is not very well represented.

3783. Who were the lay members at the board meeting of the 14th January, for instance, when the matter was committed to the Medical Board?—I could not state from recollection after this interval of time. There was another matter which I may be allowed to refer to—the payment of £300 in costs to one solicitor who happens to be also a lay member of the Board.

3784. That has been already explained?—But not satisfactorily, and if you will allow me to state what happened, I won't detain you more than a minute or two, and I think what I have to say is of importance because it has been implied that this had been properly investigated, and it really wasn't. I happened to read a report of the trial of this Costly's will case, and observed the remarks of the Lord Chancellor misadverting upon the conduct of the Governors of Mercer's Hospital in litigating the matter against the

opinion of the Attorney-General, and after there had been two trials against them; and I put a notice of motion on our books, for an inquiry as to whether any instructions had been given to the solicitor to proceed with that appeal. I moved that resolution, and all I wanted was an inquiry, but it was not agreed to. I mentioned then that a bill of costs of that kind could not pass without an order having been given by the Governors to proceed with the appeal in which the costs were incurred by or awarded against the hospital, and there was no such order, so far as I could discover.

3785. Mr. HENNESSY.—I would like to ask you, Mr. Bosson, as long as hospitals are supported by voluntary contributions, is it your opinion that Governors should testify the interest they take in the hospital of which they are Governors by subscribing?—I think it is.

3786. And you object to men being Governors of Mercer's Hospital and not subscribing?—No, I do not, for I don't business in saying, that I do not subscribe myself. I am thirty-five years a Governor, and subscribed for many years, but I am very much dissatisfied with the way in which the hospital is managed. Four of my friends resigned their positions at the Board because of the way it is managed, but I thought that was a mistaken policy to pursue, and did not follow it.

3787. But you are not a subscribing Governor now?—No, I don't subscribe now; I only give my time to the institution.

3788. The CHAIRMAN.—I understand you to say that you are very much dissatisfied with the way in which the hospital is managed?—Yes, or rather mismanaged, I should say.

3789. Are you a regular attendant at the Board?—No, and that is consequent on one of the changes made at the instance of the medical staff. In the old times the Board used to meet at four o'clock, and that gave an opportunity for laymen to attend; but to convenience the medical men they had the hour of meeting changed to ten in the morning, which renders it impossible for many of the lay Governors to be present.

3790. Mr. HOLMES.—Let me ask, how can you expect that the public are to come forward and subscribe to the hospital, when you as a Governor do not subscribe?—I don't know, but I don't know either how the public are to know that.

3791. But they should know. These things should be made public. Surely you publish an annual report?—Yes.

Mr. KENNEDY.—Certainly, and I must say it is, so far as I am aware, a very unusual thing to find the Governor of an hospital in Dublin not subscribing to his own institution.

After a private consultation as to future procedure, the Commission adjourned until next day at noon.

### WEDNESDAY, 3rd MARCH, 1886.

The Commission met in the Chief Secretary's Room, Dublin Castle, at twelve o'clock.

PRESENT:—Sir ROWLAND BLISSERHARRETT, Bart., D.L., Chairman (presiding); Sir RICHARD MARTIN, Bart., D.L., Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARBUTHNOT HOLMES, Mr. THOMAS MAXWELL HUTTON, J.P., Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The minutes of the previous day's proceedings having been read and confirmed,

Dr. Arthur F. MOORE, F.R.C.S.F., Master of the Rotunda Lying-in Hospital, was recalled.

3792. CHAIRMAN.—I want some information as to the appointment of Governors in your hospital. Can you tell us by what system they are appointed?—I gave that evidence before, I think. Whenever there is a vacancy, members of the Board propose the

names of whoever they think would be most suitable for Governors, and out of these names the Board elects any one they choose. They are proposed and seconded at one Board meeting and elected at the next. I believe that is the mode of election, as regulated by the charter.

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3793. What is the duration of the office of master?—Seven years is the ordinary duration, that is to say, you cannot hold it for more than seven years.

3794. And how is the appointment made?—The appointment is made by the Board of Governors.

3795. And will you tell me what the emoluments of the master are?—As in any other hospital, he receives the fees of the students, and under the Charter he is allowed to make any terms with the students that he pleases. He may raise or lower the fees as he chooses. It is put into my hands absolutely to say what a man is to pay for the advantage of attending the hospital.

3796. Mr. HOLMES.—As a matter of fact, have the fees been varied by successive masters?—Not that I am aware of; but I can only speak for the time of Dr. Atthill and myself. I believe there was an understanding between the Coombe and the Rotunda at one time, and the fees of the Coombe were increased—they were even less than they are now—whether at the same time the fees of the Rotunda were increased I am not in a position to say.

3797. The CHAIRMAN.—What is the amount of those fees?—Well, sir, that is a question I would draw your attention to before going into the amount of the fees. Every other hospital is in exactly the same position as the Rotunda as regards the principle of payment of the staff by fees. But one difference between the Rotunda and the others is that in the Rotunda there is only one man to do the teaching work instead of eight or nine, or even twelve; and unless you have taken evidence as to the fees paid by students in all the Dublin hospitals, the question appears somewhat injudicious applied to the Rotunda only. In the general hospitals every student pays twelve guineas for the nine months' course in each year, making thirty-six guineas for his three years.

3798. Mr. HOLMES.—No matter what hospital, is the fee the same?—Yes, and with us he pays ten guineas for six months' attendance. So that, so far as that goes, the Rotunda is worked the whole year round, whereas in the other hospitals there is no teaching during three months of the year. With us one man does the work: in the other hospitals eight or nine and sometimes more men divide it among them. My teaching work begins at nine in the morning and goes on generally until one—that is, four hours every day of my life. Then I go round the wards again in the evening, and teach my extern class as late as up to half-past ten or eleven o'clock at night. It is no exaggeration to say that practically I do as much clinical teaching as the whole staff of any of the ordinary hospitals.

3799. The CHAIRMAN.—The office of master of the Rotunda Hospital is also a very important one, is it not?—Certainly. I so regard it, at all events.

3800. As far as a teaching institution for the whole country is concerned?—Yes; but there is also the Coombe Hospital, which gets its share of students also. Indeed, whenever the teaching power of the Coombe is greater than that of the Rotunda, as was the case some time ago, the great mass of the students go there, and if, on the other hand, there is an older man at the Rotunda and a younger man at the Coombe, the Rotunda will get more students. The income depends very largely on how the hospital is worked.

Mr. HOLMES.—As Dr. Mason, the master of the Coombe Lying-in Hospital, is present, I may take the opportunity of asking him whether the fees charged there are the same as at the Rotunda.

3801. Dr. Mason.—No, the fee for the six months' course is eight guineas at the Coombe, and it is ten guineas at the Rotunda.

Mr. HOLMES.—And do you think that the fee being less attracts a larger number of students to your institution?

3802. Dr. Mason.—I don't think it does. The amounts are so close that I do not think it has any appreciable effect in that direction.

3803. Mr. HOLMES.—May I ask, Dr. Mason, how

many students passed through the Rotunda last year?—Well, I did not look into that; but I gave evidence before to the effect that we have an average of between fifty and sixty students the whole year round. Of course these numbers are doubled to arrive at the total for the year, because they pass through every six months.

3804. But how many actually entered as students during last year?—Well, of course, everybody does not come for six months, and a student who only stays a month pays six guineas all the same. The extern pupils are on a different scale, too. An extern pupil coming for one month is not to count as a nine months' student at another hospital.

3805. And what is the fee paid by an extern pupil for a month?—Six guineas for a month and £21 for the six months.

3806. The CHAIRMAN.—What is the fee paid by an assistant master?—That is absolutely and entirely in the discretion of the master. He has the right to ask the assistant master whatever he chooses; he may ask £1,000 if he likes. The whole of the fees are left solely to the discretion of the master. The rule is in these words:—"The fees payable to him, both by the students and by all pupils, shall be settled and determined by this master, according to his own discretion. He shall have the entire medical charge of all the patients in the hospital and the general superintendence of the whole institution, and of all the officers connected with it." So that he is responsible for the Rotunda rooms, the Rotunda gardens, and everything connected with the Rotunda.

3807. Mr. HOLMES.—Is there a minimum period during which a student must qualify for his diploma?—Yes. No one gets a diploma unless he has spent six months there. That is an absolute rule, and anybody who wants the diploma must pay ten guineas. I can only say that my income is a great deal higher now than it was previously. I don't know how many pupils Dr. Atthill had, but according to the register's book I find that he had, when master, on an average fifty pupils in the year taking out diplomas. Of course every man does not take out a diploma. But I have had up to the present an average of eighty taking out diplomas in the year, so that I am quite sure that my income has gone up, though not in the proportion indicated by these figures.

3808. Is it not the case that since you have been master students have come from the colonies, and from England and Scotland to the Rotunda?—Yes, but they have always done so—that is no new thing, and it takes generally some time before any great advance is made. If one master carries a reputation as a good teacher the next man who gets the post gains the advantage of that, not all but a great part of it.

3809. But apart from the reputation of the master the reputation of the Rotunda is so great that it attracts students from abroad?—Yes, and the teaching power must become very low indeed before you changed that.

3810. Before you did any damage to its reputation?—Yes, before you irretrievably damaged it.

3811. That is, you would require to have very bad teaching for a long time before students would cease to come from the colonies, and from England and Scotland to the Rotunda?—That is so.

3812. Mr. O'BRIEN.—Does the master exact fees from the nurses?—Yes.

3813. And is that not injurious to the training?—How do you mean injurious to the training?

3814. Giving a preference to those who pay?—But they all have to pay the fee, so that there is no preference.

3815. Oh, all pay?—Of course. There is no place that I know of where nurses get trained for nothing at all, except in cases where the institution makes it a stipulation that they should give their services for a stated number of years after their training. In the London hospitals they pay £20 and up to £100 for training—I don't know the exact sum, it is over

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250—except in such cases as I have mentioned, when they are required to sign a regular binding agreement that in return for the training they receive they will remain with the institution for a given number of years. For instance there are nurses who come to the Rotunda from Bristol whose fee is paid by a nursing institution there, and they have to sign an undertaking that they will work for three years afterwards, during which time they make money out of them by sending them out and receiving their fee. So that the idea of nurses being trained for nothing at all is quite without foundation. They have to pay one way or another.

3816. Sir RICHARD MARTIN.—What fees are paid by nurses?—Ten pounds.

3817. For what period?—Six months—the same time as the pupils pay for.

3818. And how many nurses are turned out in the year?—Of course that entirely depends. Some years there are more than others. I have turned out from twenty-five to thirty, but the house must be always full to do that.

3819. Mr. HOLMES.—Can the master of the Rotunda consistently with a due discharge of his duties as master devote much time to private practice?—You can discharge the duties to the Rotunda very easily, and devote time to private practice, but you cannot touch four or five hours a day and devote much time to private practice. If you touch from nine to one o'clock, go round the hospital in the evening before dinner, and teach an extern class before you go to bed, as I do, there is very little time left for private practice, in comparison with other men. If the contrary a man gets a fixed income as master he will do as little as he can for that income, and devote as much of his time as is possible to private practice. Unless a man's interest is bound up in his teaching, so that it is his interest to make it the best that is possible, he will not slave himself in teaching the way that I do. But it is my interest in every way to make my teaching as perfect as I can in order to increase the number of pupils coming to the hospital.

3820. Have you any objection, Dr. Moore, to state what your income was last year from fees derived from all sources?—Well, I have no objection, except that it is putting a question to me that was not put to any members of the staff of the other hospitals, and it will probably be used as an argument for reducing our grant, quite oblivious of the fact that every other hospital is in exactly the same position. In all the hospitals the teaching fees go to the people who teach and not to the institution.

3821. But in other hospitals are not the fees divided amongst a considerable staff of medical men?—Yes, but they don't work as I do. They divide the work as well as the fees. There are eight, sometimes ten men to teach the class in a general hospital, whereas at the Rotunda there is but one—the master.

3822. Mr. O'BRIEN.—Is it a fact that aspirants to the office of master provide funds to qualify men to become Governors—that is, make Governors?—I wish you would explain your question somewhat.

3823. Is it a fact that aspirants to the office of master provide funds to qualify men to become Governors, in other words do they make Governors?—You are asking me whether I provided such a fund?

3824. No, I am not.—That is becoming personal, Sir, with all respect, if your question means anything, it is, did I provide a fund to make Governors.

3825. I ask in general terms, not particular?—Then how can I answer. Ask me whether I did so, and I can reply, but how can I say what others may have done.

Mr. HOLMES.—Ask whether he has any personal knowledge of that having been done.

3826. Dr. Moore.—I have not made any Governors. It happened that the men who went up for me, put their hands into their pockets, and paid their own money to qualify as Governors. I can give you their

names if you choose.—Mr. Holmes was one, Mr. Hogg was another, Mr. Duane Longworth was another, and Judge Lawson was another. They went up, some of them, at Mr. Holmes' request, and paid their own money. I provided no funds. I never made a Governor in that way, but at the same time I can only answer for my personal experience—I am not here to answer for others.

3827. Sir RICHARD MARTIN.—The Governors have nothing to do with the appointment of the assistant master?—Yes, Sir, they have—the assistant master is appointed on the nomination of the master, and the Board can either appoint him or not as they wish. But it has practically come to be the rule that, unless there was something well known against him, the Governors appoint the gentlemen nominated by the master. The Charter provides—"And he shall"—that is the master—"have two assistant men midwives, to be proposed by him, the said master, and to be approved of by the then sitting Committee." He proposes his assistants and the Committee appoints. If a master has appointed an assistant, and a new master comes in, the assistant is only continued in his office by the leave of the then master and not otherwise.

3828. Do the assistant masters assist in the teaching?—Of course they do. That is the way in which one's reputation is made—by teaching.

3829. The assistant masters teach also?—Yes. If they did not become known as teachers they could not hope for promotion or success. I was appointed to the City of Dublin Hospital before leaving the Rotunda, on account of my teaching in that institution.

3830. How long are the assistant masters appointed for?—Three years.

3831. Mr. HOUGH.—I hope you did not think, Dr. Moore, that when I asked what your income was derived from fees, that I alluded to your income from private practice as well?—I only inquired as to your fees gained your office of master of the Rotunda Hospital, and I will not press for an answer unless you choose to give it, but I think it would be in the interests of the hospital that you should?—Well, I consider that I will make £1,800 from fees this year.

3832. That includes fees from all sources?—Yes.

3833. That is in my judgment a very important answer and will be very useful. As it is of course admitted by everybody that any one in the position of master, either of the Rotunda or the Coombe, should be at the head of his profession—should be a first class man, and as the proper discharge of his duties will interfere more or less with his private practice, he ought to receive an adequate salary; now from your knowledge of professional incomes in Dublin, what would you say would be an adequate salary to give to a man in your position, or that of master of the Coombe lying-in-Hospital?—I could not answer that. If you are going to give it to the best man he will take it, if it will pay. But it seems to me that, if you lay down a salary, and say we can get a good man for less, it is the same as trying to get my office filled as cheaply as you can, which is not the way to insure the best work being done.

The CHAIRMAN.—But that is hardly an answer to Mr. Holmes' question.

3834. Mr. HOLMES.—I ask you to state from your experience what you think would be an adequate salary to secure the services of the very best man in the profession for such an appointment?—I really could not answer that.

3835. The CHAIRMAN.—That is asking in another form the question, what is the professional income of a first rate medical man in Dublin?—Yes, but the question is how you earn it. If you give a salary and put the thing up to competition, a man will take it if he thinks he can make it pay, you can always get men cheaper by competition than they ought to take office

for. If the mastership of the Rotunda Hospital were put up to competition to-morrow, I am sure you would almost get a man to take it although he lost money on it. In other words, you are not to suppose that you could not get an extremely good man for a small salary.

3826. Sir RICHARD MARTIN.—But do you think that by paying a salary the teaching would be as well done as it is at present?—No, you could not get the teaching done on a salary. Nobody would do it.

The CHAIRMAN.—Is it not a fact that it is not done on the Continent or in any part of the world?

Mr. KENNEDY.—On the Continent, the professors who teach are all paid salaries by the State.

The CHAIRMAN.—In Germany they get fees besides, I know.

Mr. KENNEDY.—But independent of the students' fees, the teachers in Berlin, Vienna, and all the large Government Hospitals on the Continent, are chosen from the University Professors, and paid so much a year salary.

3827. Mr. HOLMES.—Dr. Macan, do you think that a man in the prime of life, and on the high road to success in his profession as a ladies' doctor, would take the mastership of the Rotunda, at a salary of say £1,000 a year?—Yes, because he need not do more work than he likes for the income.

3828. Do you think he would neglect his work as master in order to devote his time to private practice?—You cannot give a man the same amount for teaching fifty men as one hundred, you may give him a salary for looking after the poor people, but as to the amount of teaching, how can you settle as to whether a man on a salary is to give half an hour a day or three hours a day. A man on £1,000 a year might say he would not give more than half an hour a day to teaching, and I think he would be quite right. It is a totally different matter if it is his interest to teach, so as to bring the man there. Naturally, I do the most I can, because my income is large or small according to the work—the teaching I do.

3829. Can you say what sum in fees is divisible annually among the staff, say, of Beggot-street Hospital?—I cannot say.

The Secretary (Dr. MYLES).—There were in Beggot-street Hospital last year, 110 students, whose fees produced £1,286. This year the highest return of students is made by the Adelaide—113, whose fees amount to £1,635, which, in the case of that hospital, is divided amongst three surgeons and an assistant surgeon.

3830. Dr. MOSES.—And I have received £150 as my share at Beggot-street as one of the staff there. I was supposed to take the class for two hours a week, for which I got £150—an hour on Wednesday and an hour on Saturday mornings. That was my work, and it is much the same you will find with the members of the staff there now; one man takes the class for an hour two mornings in the week. But I have five, and five hours a day at the Rotunda. If you give a man a certain specific sum for teaching he will tell you exactly what he considers should be done for the moment, and having done that work he will stop there. If you give me £1,000 a year, for instance, I will tell you what that represents in time and teaching. I am very fond of teaching, but I would not teach as I do now unless my income entirely depended on my reputation as a teacher.

Mr. HOLMES.—I am very glad that you stated what your income from pupils' fees is, and I have no hesitation in expressing my opinion that if a salary were to be fixed for the master of the Rotunda Hospital it should be a very high one, indeed, to secure the services of the best man, and I think we are all of the one mind on that score, that the master of such an institution should be the best man that could be got.

3831. The CHAIRMAN.—The income of all masters depends on the teaching?—Yes. I am quite free to say that in my opinion the assistant master should receive a salary instead of paying for his post. But

the income of the Rotunda Hospital is not too big if you get a proper man for the place, and you can only get the proper man as master by having first-class men as assistant masters, and you confine your choice if a man has to pay £250 or £300, and to keep himself as the assistant masters have to do for three years. I paid £300 for an assistant mastership myself, and I may say that till I went back again to the Rotunda my expenses were never paid by my professional income. I was nearly thirty years of age when my income paid my running expenses, and when one gets a place like that, when he can work it, the salary almost could not be too good.

3832. Sir RICHARD MARTIN.—The mastership can only be held for seven years, I understand?—That is the provision in the Charter.

3833. And do you think it would be an improvement if the governors had the right of re-electing the master, if he proved to be a very successful teacher, for a term of office?—I do. I think seven years is quite too short a time if the master is a good man; but if you are not certain of getting a good man it is a great safeguard that the man, if he turns out a bad man, will not be there for life.

3834. But you think it would be an improvement if the governors had the right—the option of re-electing him?—I would consider it a great improvement.

3835. Mr. KENNEDY.—Doctor, does it come within your knowledge as to what the order is in foreign hospitals with regard to the control of a maternity institution like yours; is it governed by one man?—Decidedly, under the control of one man.

3836. That is the continental plan?—Yes, and he can do anything he likes in the institution. He is the absolute master of the whole place.

3837. And do you think that, according to our ideas in Ireland, that it is a beneficial thing for one mind, no matter how great or leading, to have the absolute sovereign control of the entire administration of an hospital and of the teaching as well?—Of course the master is subject to the Board of Governors.

3838. Yes, but practically isn't the subjection nothing?—If you get a good man as master, if he is the right man in the right place, he is the proper man to look after everything.

3839. That is, for his own private interest?—Yes, and for the general interest as well; the two are intimately bound up. The master will take an interest in his hospital just as a merchant does in the business in which his capital is invested.

3840. A man at the head of a financial concern, since you put it in that way, has a personal interest in its success, but that cannot be said of the master who goes out compulsorily at the end of seven years—he will try and make the most of it while there in control?—That is human nature. But his income depends upon the number of students he attracts by his reputation and work as a teacher.

3841. But it is to be presumed that he will make the best use of his term of office to make the largest income he can?—And that can be by teaching only.

3842. I grant that; but for the administration of such an institution do you think it is right, now, speaking from a constitutional point of view, that the whole destinies of the place should be handed over for seven years to one man, whose antecedents are the only means of knowledge that the governors have of him as to how he can act in the future?—The governors have a perfect right to pull him up if they choose.

3843. And can they remove you from your office?—Yes.

3844. Without assigning any reason or cause?—Yes, they could turn me out if they liked.

3845. Then you don't hold the office absolutely for seven years?—No, there is a regular legal term qualifying that—"during good behaviour."

3846. Which only implies that for some grave breach of good behaviour you can be removed; but

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suppose a man turned out of mediocre intellect or of indifferent habits, could he be got rid of before his seven years term of office expired?—The Governors could if they chose remove him, but of course no Board would take such a step unless they could justify it before the public, and show they had not done an injustice.

3857. But isn't the power vested in you absolute, and my question addressed to you as a man of common sense and breadth of mind is, do you think it is a wise or a judicious thing for any Board of Governors to delegate its functions and powers to a single individual?—But they do not do so.

3858. You are practically the executive of the house for seven years—its ruler for weal or for woe, are you not?—Not at all. If I want anything done, I must go to my Board. For instance, I could not spend money without their leave.

3859. Is it customary for the Board to interfere?—Yes, except in matters of teaching, and they could interfere as to that also if they desired.

3860. As to the teaching, I don't think any Board would dream of interfering, but as to the general administration of the house?—As far as the administration of the hospital is concerned, I am only the executive officer of the Board with the Registrar. The Board sees all accounts and says what is to be done, and the House Committee appoints all the officers—everybody except the nurses.

3861. Is there any suggestion you have to make, if you had the power—do you think the system of appointing governors, for instance, is satisfactory?—I do not see any objection to the way in which they are elected.

3862. The CHAIRMAN.—The house surgeon of a general hospital has usually the same powers as are vested in you at the Rotunda, has he not?—No, not the house surgeon, I think not.

3863. What is the difference?—The house surgeon you see is under the visiting staff, which is not my case.

3864. But as far as the management goes?—No, I think the Board is always looked upon as the managing body of an hospital. One only sees that the regulations or recommendations of the Board are carried out.

3865. And you have got to do that just as the house surgeon of a general hospital has?—Yes. I am under the Board. I would wish it to be distinctly understood that the Board of the Rotunda have a perfect right, if they chose to exercise it, to remove a man.

3866. Let me ask as a general question, have you formed any opinion as to the scheme of amalgamation of the Dublin Hospitals?—Not as to their amalgamation. I think the hospitals would be greatly improved if they were larger, and if there were fewer of them, but I do not think you can work that improvement by amalgamation.

3867. Then how can it be achieved?—You would have to produce one hospital that would crush out all the others by the operation of the principle of the survival of the fittest—which would be so good that the students would not go to any of the others, in which event the others must go by the board. If, for instance, one hospital commanded a medical class, like the Edinburgh Royal Infirmary, the smaller hospitals would have to shut up.

3868. Sir RICHARD MARTIN.—And do you think it would be better in the interests of medical education to have only one hospital for lying-in cases in Dublin?—The difference between one and two is very slight; but you have nine or ten general hospitals in Dublin—

3869. Lying-in hospitals thought?—Well, whether it would be better to have competition between two big hospitals, each slightly on its metal, I won't say.

3870. The CHAIRMAN.—What do you mean by a

"big" hospital?—I should say an hospital of five hundred beds.

3871. And a small one?—From fifty to sixty beds.

3872. That would be the minimum in your opinion?—Oh, it is a great deal too small. A man ought to have 40 beds for himself.

3873. And what would you say would be the minimum number of beds that a clinical hospital should have in Dublin?—I think there ought to be a couple of hospitals with 500 beds each, and no other hospitals. If there was any way of founding an hospital like that, it would with a proper teaching staff really command the class, and other hospitals would soon do out.

3874. Then you would distinctly prefer a large hospital?—Oh, yes. There can be no doubt as to its advantages from every point of view. The only reason why I am treated with any respect as master of the Rotunda Hospital is that it is a big place.

3875. With regard to the mode of appointing medical men to the staffs of the Dublin hospitals, are there any suggestions that you would like to make?—The principle of appointment is different in different hospitals. I paid, for instance, £1,500 when appointed to the City of Dublin Hospital, but when I went out I got part of that back again. The reason that is done there is, that the hospital was originally started by medical men with their own capital, and when a member of the medical staff died or retired the new man succeeding him took over his interest, for which he put his hand into his pocket and paid. That is the system in the City of Dublin Hospital, and I cannot answer for others.

3876. Would you be in favour of some central body or some authority having power to nominate, at all events, candidates for these appointments—for instance, the College of Surgeons, or the Board of Trinity College?—No, sir; I would not. I think whoever finances an hospital should have a right to appoint the men.

3877. But you know how it is worked abroad?—Yes, by Government.

3878. And if we cannot have that here, why not substitute some central body to discharge the office?—Well, so long as I could be certain that no man would not be a chief recommendation in such appointment, I would be in favour of such a change, but, I think, those who supply the funds to carry on our hospitals would very naturally object.

3879. But, from a scientific point of view, would it not be much better—take an hospital, for instance, under the control of men, and say you left them the management of the institution, but provided that the medical staff should be appointed by another body altogether, would that not be an improvement, in your opinion?—Well, that is a very difficult question to answer off-hand—

Mr. HOLMES.—I don't think Dr. Madden, being a Protestant, is in a position to answer that question.

3880 CHAIRMAN.—I do not mean to apply the proposition to any one institution—take the Adelaide, or any hospital, as an example?—Unless the funds are provided by Government I don't see how it would work. Everybody wants to have a voice in the management of an institution which they finance.

3881. You know the hospitals in Vienna and Berlin, do you not?—Yes, but they are really Government institutions.

3882. Is it not a fact that there the tendency is for everybody who meets with an accident to go into an hospital?—Yes—there is no other place to be treated.

3883. And is it not also the case that medical men won't treat any difficult case or perform any dangerous operation there unless in hospital?—Yes. All the great surgeons there have portions of the hospital allocated to them for their private patients, that is, the Government provides them with private accommodation.



3884. Would it not tend greatly to improve the position of the hospitals here, and their general management, if it became the practice for everybody, no matter to what class or rank he belonged, to go into hospital as they do in Vienna?—It would be quite right if the institution was a Government one, but these are all charitable places in Dublin. We send separate the two things entirely—if a number of charitable people got up an hospital they can do what they like; if, on the contrary, Government steps in and says, in the interests of the community at large and the teaching of students, we will provide the necessary supplies, and if they hand the thing over to the University, they should appoint as is done abroad. A hospital medical appointment is part of a professorship there.

3885. Mr. HARRIS.—Have you ever considered, Dr. Mason, whether hospitals ought to be supported out of rates?—If they are looked upon as being institutions for the good of the community they should. And abroad that is the principle. Every patient sent up from the country is paid for by the district whence he or she comes, such and such a patient recovered from such and such a parish, remained under treatment in hospital so many days or weeks, so the case may be, is charged at a fixed rate to that parish.

3886. CHAIRMAN.—We have heard that that principle is adopted in the Rotunda Hospital now in the case of patients sent up from the poor law unions?—Yes; a country case from the poorhouse is charged for, but that is on another principle, I think. A woman is sent to the Rotunda in the hope that she may be cured, and then being fitted for work taken off the rates. There, however, the motive is rather to ease the rates, from what, if the woman were kept in the workhouse hospital, might prove a permanent burden.

3887. Secretary (Dr. Mykes).—And cases sent to the Eye and Ear Hospitals are similarly paid for by the local union?—Yes; that is also to clear the rates.

3888. Mr. HARRIS.—But, although the rich man may not go to an hospital himself, he indirectly derives great benefit from there being hospitals, inasmuch as the hospitals teach the medical men whom he employs?—Certainly; that is an inducement in hospitals. You are paid directly for your time by the students' fees, and indirectly by the confidence which the public acquire in you by reason of the experience gained in hospital practice. These are the two modes of payment—one is remote the other immediate.

3889. Would you say that in the interests of the sick poor as distinguished from clinical instruction large hospitals are as good as small ones, that is to say, are they likely to be as well managed?—That is of course a question of finances—kindly repeat the question.

3890. It is quite clear from the evidence we have received here, that large hospitals are better than small ones in the interests of clinical instruction, but in the interests of the sick poor would you say they are likely to be as well managed as small hospitals?—I should say that a man who had a large hospital under his charge for a long time would be better able to treat the sick poor than a man who had a small hospital with a necessarily more limited experience.

3891. But in the supervision of the nurses, and so forth, likely to be as good as in a large as in a small hospital?—Yes, better I should think. There would be more system.

3892. Mr. O'BRIEN.—At the termination of your seven years of office, are you disqualified from seeking re-election?—Yes.

3893. Sir RICHARD MARTIN.—You stated, Dr. Mason, that you would be in favour of having a very large hospital, do I understand you to advocate that such an institution should receive all kinds of cases—lying-in patients as well as others?—No, sir, lying-in hospitals it is generally regarded should be separate. Whether in modern times we could not have a maternity department attached to a general hospital,

however, is a different question. If you had a building capable of being split up into half a dozen different parts—with a maternity department, an eye and ear department, and so on, all isolated, it would, no doubt be more advantageous from an educational point of view. They are constructing hospitals on what is called the pavilion principle now—each pavilion being cut off from the other, and in such an arrangement one of these might very readily be utilized as a lying-in hospital.

3894. Mr. KESWEE.—So far, I think your opinions, Doctor, have been directed to the abstract question rather than to the circumstances of the city of Dublin. Do I understand you to say that situated in Dublin is, in which so many small hospitals exist, and in which all have been the result of voluntary contributions, that you would advise, without any absolute guarantee that these hospitals would be supported by the State, to have those hospitals closed and all these voluntary sources of benevolence dried up?—I don't quite understand the question.

3895. I understand you to say you prefer large hospitals of 400 beds to small ones?—Yes.

3896. That is in the abstract, but in the case of Dublin, you would not advocate the closing up of our hospitals, which are now maintained by voluntary contributions, and the replacing them with one or two large institutions, unless you had some guarantee that the State would support them?—I don't see how you could without a guarantee. In my opinion amalgamation is almost impossible in Dublin, unless by making one hospital so large that the others must go down—the conflicting interests are so great and the means of support so various.

3897. I only asked the question in order to clear your evidence and to prevent it appearing that you expressed a desire to close the existing small hospitals and build a large one, without seeing before you where the support of the large institution was to come from—that is not your view?—Certainly not. There should of course be some guarantee that the large hospital would be maintained, but I think that with a proper teaching staff it would very soon command a very large medical class and compel other hospitals to close their doors.

3898. CHAIRMAN.—Do you wish to add anything further to your evidence?—No. I have already stated that in my judgment the situation in which the profession is held here would be a great deal higher if the hospitals were much larger, and I again say that the reason the master of the Rotunda is considered a great authority in his own department, is that he represents the accumulated experience in his own work. If there were three or four lying-in hospitals in Dublin, and three or four men allowed to take charge in turn, the master of the Rotunda would be a very different person, and would not be regarded by the public as he is now.

3899. Before your predecessor was appointed the income of the master of the Rotunda was very much less, was it not?—That is a matter of hearsay, but I have heard Dr. Atkiss (my predecessor) state it was only about £1,000 a year. He improved the teaching power of the hospital a great deal however. The student class cannot be much larger than it is now though, because there is no further material to work upon. We know the number of students in Dublin, and they can only be divided among the Rotunda, the Coombe, and Sir Patrick Den's, and we cannot hope for any large increase in our classes, unless either of two things occur—that the students in Dublin increase, or that the teaching power of one or other of those three institutions declines, in which event the remaining one or two would benefit. A great deal depends upon the relative working of the three places, for, naturally, the great body of students will go where they know they will get the best value.

3900. Have you had any experience at any time, Dr. Mason, of the working of the Lock Hospital?—

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Yes, I have been there with my friend, Dr. Fitzgibbon.

3901. And do you think it is managed in a safe factory manner?—I think it is a most pitiable exhibition. It is positively a disgrace to the city, or to any community, with its bays and bars, as if you were going through a prison, and its uniformed patients like galley slaves. To go through the Lock is one of the saddest experiences one could imagine. The place is a perfect disgrace.

3902. Could you suggest any improvement?—Until you have the law amended—you must in treating women of that sort, treat them like ordinary respectable members of society. To suppose that they have not feelings like others, is to not condescend to our knowledge of human nature. If you treat them like brutes, you must expect that they will behave like brutes, but if you treat them humanely, and less like criminals, they will behave well, and there is the greater chance of their being reformed.

3903. Mr. Holmes.—You said just now "until we have the laws amended"—what do you mean by that?—Until there is power to prevent their going out before they are cured. I think legislation to secure that is very necessary. Up to the present a woman in that class has been treated almost like a criminal. The whole theory of the hospital is based on criminality, and I say no person has the right to suppose that they are more criminal than many others of us.

3904. Is that idea intensified, do you think, by getting all these women together in the one hospital?—I think not, if the place was not such a prison, it would not be intensified at all. I don't see any reason why that class of people should not be there. They ought first of all to look upon it as a great favour to be received and attended to in such a place; and they would if they were only treated like ordinary human

beings, think it a great favour to go in and be cured of the disease. But it is hard to get a woman of that class with the restrictions that you put upon her to remain. She is anxious to have her liberty once more, and won't stay in till she is cured.

3905. Mr. Holmes.—Are ladies interested in reason work allowed to visit that hospital, do you know?—That I cannot say. Perhaps Mr. Kennedy can tell you.

Mr. KENNEDY.—I cannot answer of my own knowledge. I think it is the fact that they do not visit there, but whether they would not be allowed, I cannot say. It is just as you say, however, a most depressing place altogether.

3906. The CHAIRMAN.—You are clearly of opinion, Dr. Mason, that an hospital of that kind should be made more attractive?—Certainly; so attractive, that a woman would almost put up with anything rather than go out before being cured. The patients should have also some inspiring influence around them.

3907. Do you think that an hospital like that should be kept up, or could the patients treated there be divided over the other hospitals in the city?—I am clearly of opinion, that a separate Lock hospital is desirable.

3908. Evidence was given here to the effect, that these women are extremely difficult to manage. Do you not think that may be owing to their being brought together in such numbers?—No, and why should they be difficult to manage. I am certain that if they are only treated kindly, and less like criminals, it will be far otherwise with them. It is the fact that in the Lock that these women almost invariably object to being examined before the nurses. Their feelings should be respected, and they should be treated like ordinary members of society.

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Dr. Samuel R. Mason, F.R.C.S., Master of the Coombe Lying-in Hospital, re-called and examined by the CHAIRMAN.

3909. Will you tell us how the governors of your hospital are appointed?—They are elected by members of the board. When a vacancy occurs, usually speaking, some member of the board sends in a notice of motion that some particular person should be elected as Governor. Then, at the ensuing meeting, the election takes place.

3910. And do they pay any money?—None; except voluntarily. There is no compulsion on them to do it.

3911. Do you think that in a satisfactory arrangement—to have gentlemen elected governors who do not subscribe to the funds of the hospital?—I think they ought to be compelled to pay a certain amount every year, and also a certain sum when elected.

3912. And are you aware of any of your governors at the present moment who do not subscribe?—I believe there are members of the board who do not subscribe; but without having the report before me I would not pledge myself to the accuracy of that statement.

3913. You heard Dr. Mason's general evidence to-day—do you wish to add anything to what he has said?—I don't think I can add anything to it, he spoke so very fully on the question of fees, and other points raised by the Commissioners, that there is nothing left for me to say.

3914. How is the Master of the Coombe Hospital appointed, let me ask?—By the Board of Governors.

3915. For how long?—Oh, for seven years.

3916. And can the board re-appoint for a further term?—No.

3917. Mr. KENNEDY.—Do you agree with what Dr. Mason stated, that really you are subject in everything to the direction of your board?—Certainly, except—

3918. Save and except, I know, the medical treatment of the patients?—Exactly.

3919. Sir RICHARD MARTIN.—And do you agree with Dr. Mason, that it would be desirable that the

governors should have the right of re-appointing the master for a further period at the expiration of his seven years term of office?—I do. Seven years is a very short time, and, as Dr. Mason says, you are really really getting into what the work ought to be when it expires—at least compared to what the men on the Continent are.

3920. Mr. KENNEDY.—But, Dr. Mason, how would you propose that the education conveyed by the means of this great office should be given to other members of the profession?—Let them come to the hospital.

3921. Would it not be better if, when the master's seven years term of office expires, he should be allowed to remain there, but let another man come in as master, and have his experience as you had—don't you think that that would produce, on the whole, for Ireland a greater number of educated men, up to the requirements of the age?—You would get a greater number of men, but not men of the highest degree of perfection—not men such as you will find among the specialists of the Continent.

3922. But what you propose would be for the benefit of one or two to the exclusion of the many?—On the contrary, I think the one or two benefited in the manner I suggest, would be for the advantage of all. They would be really prominent men in their profession, and justly so, from the experience which they would have had.

3923. Do you think that one or two men highly qualified, as you suggest, would do more good to the profession in Dublin and throughout the country, than thirty men who had each attained a few years experience at the Coombe or the Rotunda as master?—I think so, certainly.

3924. Sir RICHARD MARTIN.—You have an assistant master?—Yes.

3925. One or two?—One at present, but the hospital provides for two.

3926. And how is the assistant master appointed in the Coombe Hospital?—He is nominated by the master and elected by the board.

3927. Does he pay for the appointment?—That is a matter altogether rating with the master. He can negotiate him with or without payment, just as he pleases. There is no rule about this.

3928. Mr. KENNEDY.—But, as a matter of fact, do the assistant masters pay for their appointments?—Yes, they do.

3929. And do you agree with Dr. Mason that it would be wiser if the master consented to abrogate that fee, and have the assistant master paid rather than paying?—I have thought a good deal of that, and I think that a well paid responsible officer would be an advantage in such an institution—a man to whom you could say—"I will be away for some time, and you must stay here." I know I can always

stay at home with a feeling of safety when my assistant master says he will remain at the hospital.

3930. Then you agree that it would be better to pay the assistant master than to have him pay the master?—I think the principle is right, but how to work it out is another question. There can be no doubt but that a paid resident officer or assistant master, or whatever you chose to call him, would be an officer of value in such an institution. There used to be a paid officer in the Coombe. He was called the resident apothecary, and was a very good man, and a responsible man; but the mere fact of his being paid did not make him work better.

3931. But it enabled you to get a man who could support himself during the three years he was in the institution?—Yes, there is that much to be said at all events in favour of the proposal.

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Dr. Frederick Xavier MacCabe examined by the CHAIRMAN.

3932. You are Medical Adviser to the General Purposes Board?—Yes.

3933. And a Fellow of the College of Physicians?—Yes.

3934. You have had experience of several of the Union Hospitals, I understand?—Yes; I have had considerable experience of Union Hospitals.

3935. Could you tell us what work is done by the medical staffs in these hospitals—the number of cases that would be under each medical officer's control, and the nature of their work?—Well, I have at different times been in charge of some of the largest Unions in Ireland—for instance, those of Cork, Belfast, and the two metropolitan Unions—the North and South Dublin Unions. Belfast I had only for seven months under my charge, so that I cannot give you much information about the hospitals there.

3936. We would prefer that you should confine yourself as much as possible to the Dublin Workhouse Hospitals?—Well, the North and South Dublin Union Hospitals were under my charge for a considerable time, and I know them both thoroughly. The two, I think, have an average of about 2,000 sick—about 1,300 in the South Dublin Union Hospitals, and about 800 in the North Dublin Union Hospitals. In the North Dublin Union Hospitals they have a resident medical officer, and three extern visiting physicians. The three extern visiting physicians would divide those 800 patients among them. It is not a precise division, because it is rather by classification of inmates. One will take all the male patients, another the female, and a third the children and a certain proportion of the females. They are unequally divided. I think the arrangement was made originally by mutual understanding among the medical officers themselves.

3937. And according to that arrangement, how many cases would be under each man's control?—I could not give that, because it varies very considerably—and even in returning those numbers of hospital cases, it must be remembered that a great many are chronic cases which only require general directions, and not much attendance from day to day. The acute cases would be considerably less than the numbers I have quoted. And, I should also observe, that I am speaking from my knowledge of these hospitals up to the time twelve months, because I then ceased to be connected with the Poor Law service.

3938. Mr. HOLMES.—Could you state approximately, Dr. MacCabe, what percentage of acute cases is represented in the three divisions you have mentioned?—I think about a third of the entire number of cases would be cases requiring daily attendance.

3939. The CHAIRMAN.—And 1,300 you say was the total?—That was the total in the South Union; and in the North it is 800, making 2,000 in all.

3940. And a third of that gross total would repre-

sent, you think, the number of acute cases?—Yes, cases requiring the daily attendance of the medical officer.

3941. Mr. HOLMES.—In fact, cases that would otherwise go to the ordinary hospitals?—Yes; cases that would be fit for an ordinary hospital.

3942. The CHAIRMAN.—Then, as to the South Dublin Union Hospitals?—In the South Dublin Union Hospitals there are, as I have already stated, about 1,300 sick, and there the staff consists of a resident medical officer, and of three—literally three, but before that, four—visiting medical officers.

3943. Now, what is the accommodation in these Union hospitals for the sick—is it satisfactory?—Well, it is satisfactory. In the South Union to begin with, the accommodation for the sick in hospital is simply admirable. The two separate hospitals that are under the direction of the Sisters of Mercy for the Roman Catholic inmates, and of the Deaconesses for the Protestant inmates, are admirably well managed in every respect; the cubic space is sufficient, the cooking is excellent, the medicines and stimulants are administered by the hands of the religious ladies, the clothing and bedding are good, the dietary is abundant, and in fact it would be impossible for any one walking through the wards of the South Dublin Union Hospital to imagine that they were otherwise than belonging to a very liberally endowed establishment.

3944. And the accommodation, is it also all that you could desire?—I take it that some of the wards are overcrowded and others are not. For instance, in the South Dublin Union the department for sick infants with their mothers is defective. Then the female lunatic department, though very well managed, is extremely overcrowded. The cubic space allowed to each bed is not sufficient, and the attendance is defective, there being only one paid officer in charge of 80 to 100 inmates, and she is supposed to be responsible for the safety of that class of inmates night and day—clearly an impracticable task for any one human being to perform. The lying-in department in the South Dublin Union is not adequate to the wants of the Union. There are too many beds—and a hide overcrowding in that department also.

3945. Mr. HOLMES.—How many maternity cases are there in the year in the South Dublin Union, would you say?—Oh, a very large number. I should say, speaking from memory, there would be something ranging from 100 to 200 deliveries in the year.

3946. Are the acute cases kept apart from the chronic?—Yes, that was a change I was for some time trying to bring about, and I think it was arranged before I left the Poor Law service. For the convenience of the ladies in charge of the sick and of the medical officers attending them, I was desirous to have the cases that were to be seen daily in certain

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would say of acute, and to have other cases—those of a chronic character—distributed through the other wards.

3947. I presume that the visiting physicians and surgeons devote their time particularly to the acute cases?—That is the case certainly.

3948. Would it be possible for these gentlemen to give clinical instruction, if the South Dublin Union was opened to medical students—would the place afford fit material for clinical instruction?—Oh, decidedly it would make a very good clinical hospital.

3949. Mr. KENNEDY.—What accommodation is afforded in the South Dublin Union for that class of cases that you would send to the Lock Hospital?—That is a separate class, and it is not quite so satisfactory; but we found in the South Dublin Union—pardon me for saying “we,” because I was so long associated with the Poor Law administration that I still speak of it in that way—we found in the South Dublin Union, that of the cases that we had in what are called the “separation department”—the garden department—there were very few, so far as I could ascertain, of *scab* or *syphilis*; that is, that required medical attendance. It was more a moral classification than a classification based on disease in that respect. You can readily understand that when you have all classes of the population mixed together—old women, children born yesterday, and girls just reaching the age of puberty—you could not have women of the town associating with these indiscriminately; and we are obliged to keep them separate. To a very great extent indeed they classify themselves. If a woman, for instance, with one child comes to the workhouse to be delivered, and she remains, it throws her out of work for a couple of years, while the child is having maternal care—she is not allowed to go to that department. She is looked upon as a girl whose character might be retrieved; but if she comes in a second time, she is sent to the garden department. Then there were women with diseases, and it is also endeavored to keep them separate. In the North Union they are kept separate entirely—in a different building; but in the South they are mixed with the others.

3950. The CHAIRMAN.—Now, will you come to the North Dublin Union, if you please?—These things are not so satisfactory—at least they were not so satisfactory up to the time I left the service. Modern improvements and alterations have been made in the South Union, so as to give light and ventilation, plenty of pure air, and so forth; but in the North Dublin Union that has not been attended to. The windows are only on one side of some of the hospital wards, and so high as to be hardly suited for the purpose of ventilation. The buildings belonged originally to the House of Industry. They were not constructed for the present purpose, and they are not suitable. Of course these windows let in better light, but they are not good ventilators.

3951. And are not the wards very much overcrowded in the North Dublin Union Hospital?—Yes; the whole institution is overcrowded, and the hospital wards are very much overcrowded. In all my half-yearly reports I drew attention to that; and I must say that the guardians have honestly endeavored to cope with the difficulty.

3952. Is it not the case that beds have often to be made on the floor?—Yes; the rooms that were intended, designed, and appropriated as day-rooms were utilized as dormitories—had to be so utilized.

3953. And is it not a fact that frequently two have slept in a bed?—Yes; some adult young women were occasionally put two in a bed, but that is not a very common practice.

3954. Mr. HOLMES.—From your experience of Dublin, Dr. MacCabe, would you say that the sick poor to be met with in the ordinary hospital differ very much from the sick poor you come across in the union workhouse hospitals?—I can give very little information about that, because I was entirely educated for my profession in England—I am a London

man—and the few visits I have paid to the Dublin hospitals would not enable me to answer that question correctly. I think as a rule, however, that all the public hospitals have got cases of a more acute character. People go into the workhouse hospital, not so much on account of disease as of destitution. Then they are classified by the medical officer; but when the visiting physician finds disease he tells them off to the hospital wards—whereas people suffering from acute illness, and who are a little above the pauper class prefer the public hospitals.

3955. Then that would weigh against the idea of offering the Workhouse Hospitals for the purpose of medical instruction?—No, I think not; because the material exists though it may not have been deliberately collected.

3956. You would not have the same variety of cases?—Perhaps not of acute cases, but a much larger variety of chronic cases, which is of great importance in an educational point of view. In other hospitals they are glad to get rid of the chronic cases, and we have a constant influx of what have been looked upon as incurable cases—medically incurable cases—from all the hospitals in Dublin. For chronic diseases, you would not find the same material for clinical instruction anywhere else.

3957. Can you say from memory, what the cost per bed is in the South Dublin Union, for acute cases?—That varies very much, and we cannot separate the cost of the acute and chronic cases. The returns are made from week to week, and they vary from week to week; but all charges are divided on a capitulation principle between the healthy and the sick. The clerk says, at each board meeting, that the cost last week was for the healthy so much—for the sick so much—and if there is a fever hospital attached to the workhouse, there is a third return made for the fever cases, because they are always kept apart.

3958. But in the case of the Dublin Unions, are not all the fever cases sent either to Cork street or to the Hardwicke?—Yes, and I think it is a defect in the Dublin Union Hospitals, that they have not separate departments of their own for syphilitic diseases.

3959. Is it not, in your opinion, better that such cases should be isolated?—Far better, but that could be done without sending them to another hospital altogether. When those people come to the workhouse hospital they should have some voice as to the institution to which they are sent thence—they should not be sent to the Hardwicke or to Cork-street without their own consent. I should very much prefer that the Guardians of the North and South Dublin Unions had separate fever hospitals of their own.

3960. The CHAIRMAN.—Is there any difference in the history of the two Unions?—Very little now, but there used to be a considerable difference. The North Dublin Union, however, very properly adopted the history of the South Dublin Union, and I hope they will adhere to it. It is of importance that there should be no material difference between the two unions as they are only separated by the river.

3961. Mr. HOLMES.—To return to the question of cost per bed, could you state approximately what it is in the South Dublin Union?—I think I should not be very wrong if I said from 3s. 10d. to 4s. 3d. per head.

3962. Per week?—Yes, per week, per head; but Mr. Kennedy, I am sure, will correct me if I am wrong.

Mr. KENNEDY.—I think you are a little under the figure, doctor. The cost of the dietary and so on is, I think, from 3s. 4d. to 3s. 6d. per head per week, but the hospital charges, doctor's drugs, and every thing brings it up to beyond the figure you mention, I think.

3963. Dr. MacCabe.—I am only speaking to the best of my recollection and from recollection entirely, and that is to be remembered with regard to every answer I give, because, as I have already told you

over twelve months have elapsed since I left the service. Besides the Dublin district comprised four or five counties, and I had under my charge a number of rural unions as well as the metropolitan unions, so that perhaps I may be confounding one with another.

3964. Mr. HOLMES.—I wanted to arrive at the cost per bed in the South Dublin Union Hospital, so as to draw some comparison between it and the cost in the general hospitals, which, roughly speaking, may be put down at £30 a year.—In the North and South Dublin Unions the cost per bed is not anything like that.

Mr. HOLMES.—Perhaps our Secretary will tell us whether I am right in saying that £30 a year is something like the average cost per bed of the Dublin hospitals.

Mr. KENNEDY.—Yes, but there are great variations. The Mater Misericordiae, for instance, is not nearly so large as that.

Mr. HOLMES.—Quite so; but I think about £30 would be about the average, and I wanted to compare the cost per bed in the South Dublin Union Hospital with that.

3945. Dr. MacCabe.—There is no use in trying to make a comparison of the cost per head in such an enormous institution as the South Dublin Union and any of the Dublin hospitals, because you must remember the establishment charges are divided over so much larger an area. If you divide the establishment charges over an hospital with 150 beds you could not contrast that with an institution having, like the South Dublin Union, about 3,000 inmates, or as in the case of the North Dublin Union, about 2,500 inmates. I do not think such a comparison would be at all valuable.

3946. Then the Sisters of Mercy give their services for nothing—do they not?—Well, practically. They get £30 a year each without duty, and of course that does not pay for their maintenance.

3947. Mr. KENNEDY.—It just quite the cost of preparing the Sisters to go there, but it does not support them.—No, it does not support them.

3948. Mr. HOLMES.—Have you ever considered, Dr. MacCabe, whether hospitals ought to be supported out of the rates?—All hospitals?

3949. Yes, all hospitals that may be deemed necessary; there are we know hospitals in Dublin now that have been started by medical men for their own purposes merely.—That is a very large question, but I should prefer seeing hospitals supported by voluntary contributions, I must confess.

3950. Do you not admit that hospitals, as distinguished from workhouse infirmaries, are necessary?—Yes, I do.

3951. Not only in the interests of the sick poor, but of the community at large?—Yes.

3952. Who benefit from the education of medical men in these institutions?—Yes, they are certainly necessary.

3953. And why should anything really necessary be dependent upon the casual assistance of the benevolent?—That is a duty falling upon all Christian men.

3954. But it is only performed by the few?—Well, in modern times, when almost everything depends on local rates, and when the poor do not walk about from door to door asking for charity, as they did in times of old, I think the support of hospitals affords a very healthy outlet for the contributions of the benevolent.

3955. The fields for charity are manifold, however, and even if this one door were closed, there would be many other ways of applying contributions?—That is true, but you must also bear in mind the very heavy local burdens which already are imposed in the shape of poor rates for the maintenance of the sick and the destitute. I am afraid if you place the general hospitals on the rates also, the rates would assume such proportions that you would throw a too heavy burden upon those who are struggling between solvency and insolvency in the present day. Now the voluntary rate, so to speak,

falls upon those who can give it at a little self-sacrifice. I confess I would much rather see our hospitals supported by voluntary contributions, though, no doubt, there is a great deal to be said on the other side of the question, also.

3956. Mr. RICHARD MARTIN.—You say that there is a very large number of maternity cases treated in the union hospitals in the year?—A very large number.

3957. If the medical men applied themselves to clinical instruction, could they not give very good instruction on those maternity cases as well as in the Cosmo, for instance?—I think not. The maternity department is not large enough for that. There are not facilities for clinical teaching in that respect. You know clinical teaching, so far as regards a maternity department is, to a very large extent, instrumental teaching; and for instrumental teaching you must have abundant cases, and those cases invariably go to the lying-in hospitals. In fact, women are often transferred from the workhouse to the Cosmo, or the Rotunda, when a critical accompaniment or one of an abnormal character is anticipated. I have known that to be done occasionally, and it is absolutely necessary in a critical case requiring instruments, because you have not the modern and costly appliances in a workhouse hospital. You would require to have a very large maternity department to make it a school for teaching.

3958. Do women avail themselves of the opportunity of learning midwifery in the unions—the nurses, for instance?—No; there is no educational training given to them—no systematic training. I think it would be difficult to do that.

3959. Mr. KENNEDY.—Dr. MacCabe, from your experience of the overcrowding of the North Dublin Union Workhouse, and from your knowledge that time after time you reported in favour of the necessity of providing day rooms and increased accommodation, are you of opinion that if an arrangement were made by which the vested rights of the men now administering the House of Industry Hospitals could be provided for, it would be a wise thing to devote to the purposes of the union those buildings and the grounds surrounding them, to give us more breathing room?—Yes, and those buildings ought to belong to the North Dublin Union. They form part of it, and they ought to belong to it. It is a pity, in my opinion, that they were ever taken from it.

3960. And it is not your opinion that the amount of ground around the North Union Workhouse is at present too limited to admit of our building at the new?—It would be perfectly impossible to add to the building accommodation at the new—it would be positively useless to do so. I don't think I ever wrote more strongly to the Local Government Board than I did on that point—begging of them that if the guardians proposed anything in the nature of additional buildings on their present site, that they should absolutely refuse to consent to it. It would be perfidious to the people housed there. It is far too much over-built as it is.

3961. So that if asked to give any advice to this Commission or to the Government, and I side in saying that you would strongly recommend the restoration of those buildings comprising the House of Industry Hospitals, and the land upon which they stand to the Guardians of the North Union?—Definitely. I think it would be a great public benefit. You may remember, as a Guardian of the North Dublin Union, that in 1881, when there was a great panic the street we were reduced to. If we had had a full of more men, such as we have now, it would have been impossible for the North Dublin Union Guardians to have housed the destitute poor there. At that time I had great anxiety and occurred in the idea of getting an auxiliary workhouse in addition to the buildings the guardians had. There was one place I had actually picked upon, but there was a little difficulty in the way—that it was in the South Dublin Union district, and we could not go into that. But the

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Dr. Frederick  
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overcrowding there is one of the problems that the Guardians ought to deal with very seriously. They don't know the danger that is constantly hanging over their heads.

1883. And you think that in the event of the House of Industry Hospitals ceasing to be used as hospitals, that it would be a wise and humane policy for the Government to hand over these buildings to the Guardians of the North Dublin Union to be used as Union hospitals, and therefore the present hospital wards for use as day rooms, and in increasing the ordinary accommodation of the house?—Certainly. Really that is just what they are fit for, and nothing else.

1883. They are, in your opinion, just fit for Union hospitals?—Yes.

1884. The CHAIRMAN.—Would you approve of the idea of handing over the entire control of fever cases to the sanitary authority?

Mr. KENNEDY.—Before Dr. MacCabe answers that question, would it not be well to define where the fever cases are to which you refer.

1885. Dr. MacCabe.—Yes, I was just going to point out that; because in rural districts that power is already vested in the sanitary authority, namely, the Board of Guardians.

1886. The CHAIRMAN.—Say an institution like Cork-street Fever Hospital?—That that should be handed over to the sanitary authority?

1887. Yes, that would be practically handing it over to the Corporation of Dublin.

Yes, and would you approve of that?—Decidedly. I don't think you could possibly place an institution of the kind in better hands, and I say that from my personal observation of the desire of the Corporation to promote all sanitary improvements, and from the very intelligent action they have taken in connection with the Dublin Hospitals that receive grants at their hands.

1888. Mr. HOLMES.—To continue the line of questions asked by my friend, Mr. Kennedy—if the House of Industry Hospitals were handed over to the North Dublin Union, do you think that the ratepayers would object to be burdened with the maintenance of the class of patients who are now paid for there out of the Parliamentary grant?—I don't think they would. You see the guardians are under a legal obligation to provide certain accommodation for the destitute poor. Well, the destitute poor is an ever varying quantity. In prosperous times it falls—in adverse times it rises very quickly, and you must, therefore, always have a certain margin. At present, however, they not only have no margin but they cannot fulfil their statutory obligation. The Irish Poor Law is based upon the general proposition that any destitute person can obtain admission to a work-house, and if there was any sudden emergency at the present moment the guardians of the North Dublin Union are in this position that they would be compelled to say that they cannot give that accommodation. Sooner or later they must provide it. The statutory obligation has been cast upon them to do

so, and the ratepayers, I think, would be exceedingly well pleased if they got those persons adjoining their own which would require no separate staff—nothing, in fact, but the cost of transferring things to them—they would be very well satisfied to get such a good bargain, and be able to fulfil their obligations.

1889. Take the case of a labourer who meets with an accident—breaks his leg, say—would you hold that if he presents himself at the North or South Dublin Union that the ratepayers should be bound to provide the surgical appliances necessary to set his leg?—If he is destitute they must.

1890. Mr. KENNEDY.—And he is destitute, if a labourer, the moment he ceases to work—is not that so?—Yes, unless he has been a provident man, and laid by some money for the rainy day.

1891. Mr. HOLMES.—But at the present moment there is not the requisite machinery at either of the Union hospitals which would enable such an operation to be performed?—Oh, quite the reverse. Operations of that kind are almost an everyday occurrence in these hospitals.

1892. Mr. KENNEDY.—But when the wards are ever crowded, gangrene and erysipelas are apt to creep in, and the doctors are afraid to operate under such conditions—is that not so?—Yes; but, as a matter of fact, we have operations in the Union hospitals almost daily.

1893. Oh, yes; and serious operations, too. They excised a knee-joint and took a hip away the other day, but at great risk. With regard to the allocation of the wards in the North Union as medical wards, do you think if we could get them back as day-rooms and extension wards, for which they are very much required, that that would be a great advantage?—Decidedly, and there is a certain cubic space which the guardians are bound to give and which they cannot give at present, because the greater necessity of housing the destitute poor overrides that. But, as I have already said, the overcrowding in that institution is attended with very great risks.

1894. Are you aware of cases in which people coming into the house have had to be placed in a ward with the sick?—There is a small observation ward, if that is what you mean, into which all new arrivals are taken at first.

1895. The place I refer to is near the laundry, under the Hardwicke Hospital—you know the new buildings?—Yes; it is down at the end of that, a fifth, shall I get that appropriated as an observation ward, in order to prevent, if possible, synochal or contagious diseases creeping into the house and spreading, as is doubtless would.

1896. But there is a ward on the top of the building, where they keep about twelve beds, into which they are obliged to crowd new arrivals?—Yes, I know.

1897. And it is really converting the hospital ward into an association of casuals and unfortunate sick people?—Yes, and that is very bad.

The Commission adjourned till next day at twelve o'clock.

THURSDAY, 4TH MARCH, 1886.

March 4, 1886

The Commission met in the Chief Secretary's Room, Dublin Castle, at twelve o'clock.

Present:—Sir ROWLAND BLANCHERAGH, Bart., D.L., CHAIRMAN (presiding); Sir RICHARD MARTIN, Bart., D.L.; Mr. CHARLES KENNELLY, J.P.; Mr. THOMAS MAXWELL HUTTON, J.P.; Mr. ROBERT W. ARBUTHNOT HOLMES; Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'REILLY, T.C.  
The Secretary (Dr. MYLES) was in attendance.

The Minutes of the previous day's proceedings having been read and confirmed,

Mr. Arthur Chace, Surgeon to Jervis-street Hospital, recalled and examined by the CHAIRMAN,

3956. Dr. Chace, you have been kind enough to report some further evidence for this Commission?—  
Yes.

3957. Regarding the hospital accommodation of the south side of the city?—Yes, supplementary to the evidence I have already given.

4000. Mr. HOOPER.—The scheme which you are about to submit is in accordance with the suggestion I made when you were examined last, up to which time you had not considered—namely as all events—the hospital wants of the south side of the city?—Quite so. Before making any suggestions I wish to point out the nature of the present hospital accommodation. From the sheet issued by your Commission headed “expenditure,” I find that the “average daily number of beds occupied throughout the year” in all the Dublin hospitals was 1,416.5. Under the present wasteful system of small general hospitals and numerous special ones, to accommodate these 1,416.5 persons, we have no less than 3,231 beds, so that we have 814.5 on the average “daily number of beds” unoccupied. This fact, in my opinion, disposes of any scheme for a new hospital, unless a large number of beds be first extinguished in the old ones.

Of the Dublin hospitals I shall omit from consideration the Adelaide, Cork-street, the Cosabe Lyngin, the Rotunda, the Hospital for Incurables, and the Lock, which have a total of 770 beds with 457.5 in daily occupation. I will call these hospitals group A. I omit the Adelaide because it makes a certain form of religious belief a condition of admission to its wards. I omit the others of the group because, in my opinion, they could not with advantage be amalgamated with general hospitals.

4001. The CHAIRMAN.—Do you think that an institution like the Lock hospital is a necessity as a separate hospital?—I have not considered that question very thoroughly, but taking the Lock as a whole it could not be amalgamated with any one of the existing hospitals. You should have wards for venereal diseases in general hospitals. The Lock hospital might, so to speak, be distributed among several of these.

4002. Mr. O'REILLY.—Would you approve of that?—It is a very difficult question to answer.

4003. On would it be better to keep it distinct as it is?—I have no doubt it would be better for the instruction of students, if venereal diseases were treated in the general hospitals.

Taking it then that the hospitals of group A continue to exist as at present, we may consider the remaining hospitals, namely—the House of Industry, Mercer's, Stevens', Jervis-street, the Meath, the City of Dublin, the Mater Misericordiarum, Sir Patrick Dun's, St. Vincent's, St. Mark's, the National Eye and Ear, the Dublin Orthopaedic, the National Orthopaedic, and St. Joseph's for Children.

4004. The CHAIRMAN.—What then is your basis of reconstruction?—The hospitals which I just mentioned, and which I may call group B, contain amongst them 1,461 beds, with a daily average occupied of 362.

Therefore, I set myself to consider how best to provide for these 362 persons. As the number of patients will fluctuate, it is necessary to provide a margin of beds. I think a total of 1,200 beds would be equal to any demand that we can foresee. That is to say, that in my opinion 1,200 ought to be the total number of beds in all the Dublin hospitals, outside the exceptions included in group A. For the reasons given in my former evidence, I am strongly in favour of large general hospitals, with special departments, as against small general hospitals and a multiplicity of special ones. Since I gave evidence here last I have seen something of the hospital distribution in Belfast. Until not very long ago they had, I understand, only one general hospital there—the Royal Hospital, but recently they have added the Mater Infirmary, under the care of Sisters of Mercy, whose devotion to their duties is sure to make the hospital a success.

4005. Mr. HOOPER.—Can you say how many beds there are in the Royal Hospital in Belfast?—I find from the returns just put into my hands that it contains 170 beds.

4006. CHAIRMAN.—What suggestions do you make as to the distribution of hospitals in Dublin?—I would wish that there should be in Dublin but three hospitals—one containing 400 beds—one situated in the open ground on the northern boundary of the city; one in a similar position on the southern boundary; and a third in the centre of the city. I am forced under present circumstances to consider this view utopian; but I should be anxious, in any re-arrangement, to select such sites as would, in case of the growth of the city, or decline in the number of hospitals, as far as possible tend to the realisation of this idea.

4007. What re-arrangement of the present hospitals do you propose?—Of the 1,200 beds, which I have shown to be a necessity, I would allot 300 to the Mater, 300 to Jervis-street, 300 to a new hospital on the south side—the site of which I shall afterwards discuss—while the remaining 300 would be allotted among Stevens', St. Vincent's, and Dun's. I take it that you cannot very well meddle with these three hospitals. Stevens' and Dun's have a considerable endowment, and St. Vincent's is apparently independent of Government grant. You will understand, however, that I would be anxious to amalgamate them with other hospitals if it were possible. I have in my former evidence stated my reasons for giving 300 to Jervis-street, which, so enlarged, should have special departments for diseases of the eye, and for orthopaedic cases. The new hospital on the south side should contain 300 beds—should be the result of an amalgamation of Mercer's, City of Dublin, and the Meath, and should have special departments for eye and orthopaedic cases.

4008. And where would you place the new hospital?—The position I should select would be the site of the present Meath, because that is the only site that will combine the two great essentials, healthy surroundings and proximity to a poor and populous district. I have constructed a map marked C, on the same principle as

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I did that submitted for North Dublin—by drawing a line round the existing boundary, and then taking the middle points between the various hospitals. From this map you will see the districts of the hospitals under the scheme I have suggested. The position of an hospital may be selected for either of two reasons—it may be placed in the city, that the surrounding populous districts may have an hospital at hand; or in the suburbs, for the sake of hygienic surroundings. Now, the Meath Hospital is not far from all the densely populated districts of Finsbury-street, James's-street, Thomas-street, and Harcourt-street; its distance from James's-street and Guinness's brewery, for instance, is about half the distance between Finsbury-street Hospital and the point of the North Wall, and we are able to serve the point of the North Wall tolerably well. Again, there is room for extension at the Meath, which, I think, is a strong point. You have building ground at hand, and such an hospital would start with the prestige of the other foundation.

4009. Those proposals, Dr. CHAMBERS, are entirely your own, I presume?—Wholly my own, and I feel that it is due to myself that I should make an explanation with regard to them. In considering a redistribution of hospitals in Dublin, with a possible new foundation, I have paid attention entirely to those grounds which theoretically ought to be the sole criteria, the needs of the poor who use the hospitals, the means of the community which supports them, and the advantage of the students who attend them. Whilst, on the one hand, I have taken note of some institutions which cannot be affected by the decision of this Commission, I feel that on the other I may seem to have dealt rather lightly with institutions whose history—and their history is the work of their medical staff—is closely bound up with all that is best in the medical repute of Dublin. If I have laid myself open to any such charge, it is because I have dealt with the question most largely in its theoretical aspect; and because I am conscious that had I ventured to consider the many and conflicting interests involved, I should have incurred the reputation of very considerable timidity. I venture to bring before you a scheme for the government and administration of an hospital of 300 beds. I would propose that the absolute power should be vested in governors, and that those governors should be of two classes—annual and life. Annual governors subscribing £2 yearly, and life governors £40 in one sum.

4010. What do you mean by absolute power?—That, as in Jarvis-street, they should have the right to appoint directly or indirectly to every office in the hospital.

4011. Then you would not be in favour of any external interference?—I would not, except to this extent, that the governors should elect annually nine members of a managing committee, the Corporation three members, and the medical staff three, making a committee of fifteen.

4012. But in appointing the medical staff you would not be in favour of any outside body—for instance, the College of Physicians or the College of Surgeons—recommending candidates?—I would not, but I will deal with that question in a moment. It may be objected that £2 is a small subscription for an annual governor, but I think the larger number of governors you have the better. I add a condition that their voting power shall not commence until a period of one year shall have elapsed from payment of the subscription. In Jarvis-street we have an admirable plan, but there is one slight flaw in it. These governors have no power to vote until 1st January next ensuing after the payment of his subscription; but if a vacancy occurs, let us say, in December, it would be possible to make governors in December to carry the election in January. But that is a very exceptional case. £20 you may think rather high as a qualification for life governorship; but I don't think that life governors as a class take an active interest in any hospital. They give a huge sum and afterwards, perhaps, lose interest in the hospital, and

simply come up to vote without very much consideration. By having the elections of managing committees held annually you enable the governors to strike off gentlemen for non-attendance or other causes.

4013. Would you suppose that three representatives should be elected by the Corporation, even if the Corporation did not give a grant to the hospital?—I have not considered such an unlikely event.

4014. Representation on a committee of management would surely imply a grant?—Yes.

4015. And supposing the Corporation did not give a grant, you would not give them the representation?—The Corporation is a body representative of the citizens, and I should be anxious to have it represented on the managing committee.

Mr. HOLMES.—And as a matter of fact they have already subscribed very handsomely to the Dublin hospitals from the rates, and we should not assume that they will discontinue to do so.

4016. The CHAIRMAN.—But I am asking an abstract question. You would give them representation, grant or no grant?—Yes, as representing the citizens at large; and I know if we had them on our committee in Jarvis-street their personal experience of the good done in the hospital would induce them to give us a grant. Then I suggest that the secretary should reside in the hospital. That is the London custom, and I think it is of advantage to have a resident officer to look after the servants, food, accounts, and so on. The medical staff should consist of consulting physicians and surgeons, namely past members of staff, to be elected by the governors on the nomination of the committee; physicians and surgeons, three each, to be elected by the governors, the names for each vacancy to be sent forward in order of merit by the committee, the governors to elect by ballot one of the so selected candidates. That is practically the system of Jarvis-street. The governors elect, and the managing committee, although unable to give their formal support, nevertheless give their practical support to that candidate whom they consider the best. Retirement should be compulsory at sixty-five years of age.

4017. Then you would not be in favour of electing by examination?—I would, but to the earlier appointments only. In addition to the three surgeons and three physicians, I would have an ophthalmic surgeon and a gynaecologist elected in the same manner and subject to the same conditions as the physicians and surgeons; assistant physicians and surgeons, three each, to be appointed in the following manner: an examination to be held by medical staff; names of the three best candidates, with their marks, to be sent forward to the managing committee, who may select any one of them; the successful candidate to hold office for three years, and to be eligible for re-election after the lapse of a year from the completion of his previous term of office. I would like to point out to you that when candidates apply for hospital appointments it is a matter of chance whether or not the choice falls on the right man. You must select—I won't use the term the best man, because at the time he is selected he is not known to be the best—you must select the man most likely to turn out the best. What I propose is that a number of men should enter as hospital assistants, and then when the governors came to appoint a surgeon or physician they could select the best man from amongst known and tried candidates. I would also have a resident physician and a senior resident surgeon, to be elected in the same manner as the assistant physicians and surgeons; to hold office for one year, and not to be eligible for re-election; also two junior resident surgeons, to be elected by the medical staff, after an examination, and to hold office for six months. I wish again to impress upon you my strong conviction of the urgent necessity there is of having a qualified medical man in an hospital to see every case that applies for treatment. I don't think I need give you any arguments why it should be so; they are sufficiently obvious. I would



have twelve resident pupils, to be elected in the same manner as the junior resident surgeons, and to hold office for six months. In this scheme you will see that provision is made for a man to work his way from the bottom to the top of the ladder. As a resident pupil he makes his mark, and may become a resident surgeon or physician, subsequently an assistant surgeon or physician, and so on to the senior office up to that of consultant.

4018. Mr. HOLMES.—Would it not be better that the examination should be held by an independent authority and not by the staff of the particular hospital? I don't see why the staff should not be the examiners, it is their interest to get the best man, as their income and their prestige depend upon it.

4019. But might they not be inclined rather to favour their own pupils?—I don't think so, except in the way—that every surgeon of course will have a particular line of thought and practice, and a pupil learning to him for some years will become acquainted with those.

4020. And will consequently have a better chance of passing the examination than others?—No doubt, to some extent.

4021. Then students of another hospital for instance?—A slightly better chance, but I think the desire of surgeons and physicians to get the best man will overcome every other consideration.

4022. Mr. KESWELL.—Do you not think, Dr. Chance, that leaving the examination solely to the staff would tend to make things run very much in the groove—in various hospitals, as we all know, there are different modes of treatment; would your proposal not tend to crystallise each in its own home, as to speak?—The answer I give is that we select not one man but three—my proposal is that the names of the three best candidates with their marks are to be sent forward to the managing committee.

4023. Yes, but you don't catch the objection I make—that in the event of the staff of any one hospital having always the sole right to examine the candidates—be it one, two, or three—must favour, do you not think you would peacefully exclude from that hospital lines of thought that may prevail amongst the surgeons or physicians of other hospitals?—In other words you ask would I approve of the introduction of new blood.

4024. Yes!—I certainly would. But I think examination by an independent body to some extent suggests that there would be unfairness on the part of the medical staff of the particular hospital, and I think their desire to get the best man would avoid any such difficulty.

4025. Mr. HURVES.—As to your scheme of amalgamation, I don't quite catch your meaning—supposing Sir Patrick Dun's were amalgamated, for you have placed two propositions before us—one, which you say is ideal, for three hospitals?—Quite so.

4026. Then you give an alternative, forced upon you because the other is ideal, but why not follow up the theoretical proposition, and have a plan which would include the amalgamation of Sir Patrick Dun's?—I have given you that, but I state that I am forced, under the existing circumstances to consider it utopian.

4027. And if possible to be carried out, what hospital would supply Ringsend, the Gas Works, and all that district served by Sir Patrick Dun's at present?—The nearest hospital to it is St. Vincent's, and I think it will be admitted that you cannot amalgamate St. Vincent's with any other institution.

4028. But that is a terrible distance?—Jervis-street is present supplies the North Wall, and the distance you mention is considerably shorter.

4029. Mr. HOLMES.—But, Dr. Chance, assuming that Riggistreet and Dun's were willing to amalgamate, would you not then be in favour of one hospital to remain at that end of the city, say at the present site of Dun's?—I would be strongly in favour of such a hospital. Though not a large it is a very poor district, and a number of accidents occur in it.

4030. And I don't think that amalgamation is so utopian as you appear to imagine?—Well, that is solely for the Commission. I know nothing as to possible arrangements.

4031. With reference to your proposed scheme of reorganisation of hospitals, supposing that the Governors of Steevens' Hospital were willing to come into the scheme, and sell their site and buildings, would you not say that the present site of the Meath would be somewhat too far from the parts of Dublin, that would then require hospital accommodation—would you not be inclined to place the new amalgamated institution near Christ Church Cathedral?—No, I would not. I think that site has a couple of rather strong disadvantages. In the first place an hospital is not wanted there, and secondly even if it was wanted you would find it difficult to place it in a more satisfactory locality. It would be within a stone's throw of Jervis-street—in fact it would be nearer Jervis-street than any two hospitals are to each other in Dublin now.

4032. And do you think the enlarged Meath would supply the wants now supplied by Steevens', or would it be too far away from that populous district?—The number of beds, and therefore the work done in Steevens' is very small.

4033. But I am assuming that the Meath would have a sufficient number of beds, under your scheme—do you think it would be too far, as regards distance, from the district now served by Steevens' if Steevens' were abolished?—I do not. Beyond Steevens' you have the Park and the country with not very many houses. Of course the railway is a considerable source of accident, but take the distance from the Kingsbridge Terminal to the Meath, and compare it with the distance between Jervis-street and the North Wall, which with all its railways and steam packet companies, is a far more fruitful source of accidents, and you will find the former a much shorter distance.

4034. Sir RICHARD MARTIN.—Do I understand that the resident physician and senior resident surgeon that you propose are included in the three assistant surgeons and three assistant physicians?—No. The latter would be a visiting staff. There would be four resident medical officers in the hospital—a resident physician, a senior resident surgeon, and two junior resident surgeons.

4035. And they would not be one of the three physicians or the three surgeons regularly attached to the staff?—No. They would hold office for a short time only. I think it is but fair to let men have an opportunity of educating themselves.

4036. CHAIRMAN.—You propose that the hospital should be managed by a certain number of governors to whom you would give absolute power?—Yes.

4037. And that would be a non-representative body—would it not?—The governors are the people who pay the money to support the hospital.

4038. Still the hospital would be governed by a body which would not be representative in the sense of representing people outside?—On the managing committee, as I have arranged it, three interests are represented; first, the governors, or the class who pay the money to support the hospital, and who have, therefore, the best right to representation. I allow them nine out of the fifteen seats on the managing committee. Second, the medical staff, or the class who do the work for which the hospital was founded, and whose representation on the committee I believe to be essential to the good government of the hospital. I give them three seats. Third, the public (through the Corporation) who have a right to a voice in the administration of every charity. They should have three seats.

4039. But would you consider that an hospital managed by such a body would be a fit institution to receive a share of the Government grant?—In other words, should a grant carry with it a right to representation.

4040. Yes!—Yes; but only to compensative not

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Chance.

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total representation. In justice, every man who pays his money ought to get some voice in the management of the institution, and in Jervis-street this is done by allowing them to nominate the committee of management, and by giving each governor a vote in the election of the medical officers.

4041. But would you not consider that an ideal Government demands a representative body for its management?—Representation of what? You won't get men to give money to an hospital unless they have some voice in its management directly or indirectly. If Government gives a grant, Government has a right to be represented proportionately.

4042. Mr. HUTTON.—To recur to your proposals as to the staff—do you suggest that the twelve resident pupils should be there merely for teaching purposes or for use in the hospital?—With 300 beds twelve resident pupils would have twenty-five beds each, and it would require some deacons and clerical clerks taken from the extern pupils to assist them. That is the very lowest number you could have, and I would be inclined, if possible, to increase it, because it is an enormous advantage to a man to give him that experience. Dr. Thackeray Stokes tells me that he finds eight students little enough for 120 beds; and I understand that some of the boarding houses in England absolutely require residence in an hospital for a certain period before issuing their diplomas. I certainly would be strongly in favour of having as large a number of resident pupils as possible, as it must prove advantageous for every point of view.

4043. Mr. HUTTON.—Supposing Begbush-street and Dun's were united, your scheme would then comprise the Mater, Jervis-street, the newly constituted Moth, and the amalgamated hospital representing Begbush-street and Dun's?—Yes, together with St. Vincent's.

4044. That is out of the scheme?—We cannot touch it.

4045. And the Adelaide would be outside the scheme also?—Yes.

4046. Mr. HUTTON.—How does St. Vincent's differ from the Mater—are they not both in the hands of a religious body?—One gives evidence before this Commission and the other does not, and therefore I presume desires to be independent of it.

4047. CHAIRMAN.—But in their internal management they are the same?—I do not know anything about the internal management. The reason I exclude St. Vincent's is that it does not give evidence or appear at the Commission; and the Adelaide for that reason, and because it demands a religious test for admission to its wards.

4048. Mr. O'REILLY.—It is from a misunderstanding that St. Vincent's does not attend?—I do not know that. I recently took what appeared in the newspapers. I would venture again to bring before you the claims of Jervis-street hospital. It is the only general hospital in Dublin which is, and has always been, unsectarian, and gives its medical staff. The sole qualification for a governor is the payment of two guineas annually, or twenty pounds in one sum. The governors have absolute power of appointment either directly or indirectly to every office in the hospital. Something has been said about having some running there, but for over one hundred and thirty years we had no runs, and we appointed them because we thought it best for the charity. The public may rest assured that we will only keep them so long as they remain the best, and on that ground, in our opinion, their tenure of office is pretty secure. If you say that having them as nurses is a proof of our hospital being sectarian, I reply that the South Dublin Union must be also sectarian, because it has runs, and that is hardly a remarkable conclusion. Sup-

posing you say again, that the majority of the governors are Catholics, I answer that the majority of those who pay £2 a year to us are Catholics, and we are only too glad to get Protestant subscribers. The managing committee is elected annually by the governors, and there are no ex-officio. Mr. Thomson was in error as to the sectarianism of the hospital when in answer to question 179—"What do you mean by the term exclusive?" he said "That they, the Mater, Jervis-street, and the Adelaide, are under the control or direction of religious bodies who have formulated certain rules of management not to be found in other institutions," and again in 176 where he says, "I would put Jervis-street on the same basis as the Mater and the Adelaide. What I mean by that is this—that they are, I think, exclusive hospitals—at least they are under the control and direction of religious bodies, and are hardly to be compared with Moth's or the City of Dublin, or any other hospital that is without any such influence." I utterly deny, sir, that Jervis-street hospital is exclusive; I utterly deny that it is under the control of a religious body. I utterly deny that any religious body has formulated rules of management for it. I wish most emphatically to separate it from the category of the Adelaide, the Mater, and St. Vincent's. Mr. Thomson puts Jervis-street sectarian, and the City of Dublin and Moth's non-sectarian; but the medical staff of the "sectarian" institution comprises seven Catholics and two Protestants, whereas the two "non-sectarian" institutions do not show a single Catholic. So much for the charge of exclusiveness. Jervis-street hospital serves a district the largest, poorest, and most fertile in accidents in all Dublin. It has a splendid building, capable of extension at a comparatively small cost. The method of appointment to the hospital is calculated to prevent jobbery, nepotism, or intolerance. The present financial position of the hospital is such as to energetically impair its utility. I understand that we cannot get possession of our new buildings until we borrow money to clear off our debt. The new building will not be large enough to satisfy the demands on it. It is the oldest hospital foundation in Dublin, and is "the parent from which all others have proceeded."

4049. Mr. HUTTON.—How many beds on you now maintain at Jervis-street?—At the present moment—is 181.

4050. Yes?—Twenty-four; but we have the floor, and we get a number of patients on it.

4051. And for how many beds have you accommodation, supposing that you had funds to take over the new buildings?—That I am rather in doubt about. I should say something between 130 and 150. It was put down at 150, but I think that is an over estimate. We have not yet estimated the exact number of beds.

4052. Mr. KINCROT.—According to modern ideas, I think that 120 would be the outside number, but there are ample rooms to build an extension?—Yes, our architect tells me that we have room for two wings capable of holding 120 beds each.

4053. Mr. HUTTON.—You draw a distinction between St. Vincent's and Jervis-street?—Certainly I do.

4054. One is entirely in the hands of a religious body, and in the other, the members of a religious body attend only to the nursing?—That is all—they are nurses pure and simple. The managing committee are the trustees so to speak, and they employ two sets of people—the medical staff to doctor the patients and the nurses to nurse them.

Mr. William Thomson, F.R.C.S. recalled and examined by the CHAIRMAN.

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4055. You have also further considered this question of the amalgamation of the Dublin hospitals?—Yes, but if the Commission would allow me, I should like first to refer to a matter personal to myself. Since I gave evidence here, one of the governors of our hospital—Mr. Charles Martin—has given evidence, in the course of which he stated with reference to one of the officers of the House of Industry hospitals, the matron: "She has the misfortune, I think, to be the only Roman Catholic connected with the staff of the hospital, and there is a little disposition to have her superseded, I think, on the part of some of the surgical staff." Now, sir, I feel sure that I speak for my colleagues as well as for myself when I say that there is not a shadow—not the smallest particle of foundation for such a statement as that.

4056. Mr. KENNEDY.—May I ask whether you gave Mr. Martin notice of this?—Not of my coming here to-day, but I wrote to Mr. Martin at once when another statement came under my notice, and he attended here, I understand. I would have indicated my intention to refer to this to-day, had I known of it in time. I wish to say, however, that I think this did not originate with himself, but that the idea has been suggested to him. I am sure Mr. Martin would not make a statement of that nature with reference to the staff of the hospital, of his own motion, and I can only again say that it has not the least shadow of foundation, and that no one who knows me or my colleagues would think for a moment of charging us with anything of the kind. Another point I wish to set right is, that which Dr. Chance has just stated with reference to my former evidence about Jervis street Hospital. He has said that that hospital is not under the charge of a religious body. I was not aware of that—I simply judged from the known facts, and I knew that the governing body was practically Catholic, having the Archbishop of Dublin as its Chairman, and having only one Protestant upon it, and that the nursing system was in the hands of ladies of a religious community. I was, therefore, under the impression that its general character was of the nature that I stated. If I said that its management was in the hands of a religious body, and that that is incorrect, of course I at once withdraw it. These are the only two matters personal to myself which I wished to refer to.

4057. And, now will you tell us your views with regard to the general question of amalgamation of the Dublin hospitals?—Well, sir, as I stated before, I am entirely in favour of the principle of amalgamation in Dublin. With reference to our own particular hospitals, I am of opinion that the Richmond, the Whitworth, and the Hardwicke ought to be amalgamated with St. Stephen's Hospital, and that a new building ought to be erected somewhere in the neighbourhood of Christ Church place. I am also of opinion that, on the other side of Dublin, the City of Dublin Hospital and Sir Patrick Dun's ought to be amalgamated. With reference to the north side I am not so clear, because the difficulty that Dr. Chance has referred to arises there. There are four hospitals practically within a quarter of a mile of each other—St. Vincent's, Mercer's, the Meath and the Adelaide—but then there are two of those hospitals that are admittedly exclusive on the one side or the other, or at least they are managed on distinct religious grounds, so far as I understand, the Adelaide and St. Vincent's. That leaves only Mercer's and the Meath. I do not see what possible amalgamation can take place in that direction, unless you choose to amalgamate Mercer's with the Meath. On the other hand, if you do that, you will crowd one hospital with a great number of surgeons and physicians, and that, I think, is one of the great objections to the system as it exists at present in Dublin. There is no place in the United Kingdom, or in the world I may say, which has so many hospitals in proportion to its population as Dublin. It has a great many more than New York—a great many more than any of the

large cities in the world. I have made a careful note as to the hospital accommodation and population of several of the great centres, which may be useful for purposes of comparison. In Dublin we have a population of 249,692—take it in round numbers at 250,000—to arrive which there are ten general hospitals, with 919 beds occupied. In Liverpool, with a population of over half a million—532,566 is the correct figure—there are only four hospitals, with 613 beds available. In Manchester, with a population of 383,535, there are two hospitals, with 440 beds available. Of course, I am now speaking of general hospitals only.

4058. But is there sufficient hospital accommodation in these towns?—Well, they don't complain that they want more, so far. Of course, there are numbers of special hospitals, but those I am not taking into consideration, because they might be multiplied ad infinitum. Birmingham, with a population of 460,774, has two hospitals, with 600 beds. Edinburgh, with a population of 232,357, one general hospital—the Royal Infirmary—with 660 beds; and Glasgow, with a population of 487,985, two general hospitals, with 932 beds. Edinburgh, you see, which has pretty nearly the same population as Dublin—at least within 25,000—has only one hospital, with 660 beds, while we have ten. You will see at once what an enormous waste there is over such a number of hospitals. Each of these ten institutions has its separate staff—registrar, matron, lady superintendents, and so on; and practically the greater part of the sum of £25,932, spent on our Dublin hospitals in the year, is swallowed up by these charges. That figure—£25,932—includes the special hospitals; but of that sum only £37,437 is spent upon the maintenance of patients. In other words, £38,474—nearly 400,000—goes in the expenditure of keeping up houses, paying officers, &c. The unfortunate patients get about one-third of the money, while the remaining two-thirds go to support other people. Now, I say, that any system which admits of that must be a bad system; and that is made the more apparent when it is compared with the condition of things in other large towns.

4059. That practically Dublin is over medical officered?—Yes, and over hospitalised also.

4060. Mr. HOSKIN.—And don't your figures go to show that in Dublin a great many persons must be admitted into the hospitals who, in those other towns, must go into the Union infirmaries?—I have no idea of what the position of the Union infirmaries there is.

4061. But take Liverpool for instance, with only 613 beds. It is quite clear that there would not supply sufficient hospital accommodation for so large a population—the people must go elsewhere, and would you not say that the elsewhere is the Union infirmary?—Chronic cases would, no doubt, and their way into the Union infirmaries, and a certain proportion of the acute cases as well, probably, as I happen to know is the case in Liverpool; but so to the work done by the Union infirmaries, I do not feel competent to give an opinion. One other point with reference to those hospitals is, that not only do we find in England and Scotland that they are few in number, but the same principle extends to the Continent, and marks the system in Paris, Vienna, and also in New York. In Paris there are five general hospitals—the *New Hôtel Dieu*, with 559 beds; *Lariboisière*, with 706 beds; *La Charité*, with 504 beds; *La Pitié*, with 719 beds; and the *Hôpital Necker*, with 418 beds. In Vienna there is just the one large hospital—the *Allgemeine Krankenhaus*, with 2,000 beds.

4062. And is it not a fact that at present the medical school of Vienna stands peculiarly high?—Extremely high—foremost I would say.

4063. Foremost?—Yes; I would say it stands foremost as a medical school. Now, if we compare the Dublin hospitals with these I have just mentioned,

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we find that a number are very small, indeed that the majority, namely, seven out of the ten, have less than 100 beds. One is as low as twenty-five—*Jervis-street*—but that is a passing condition; and two have only forty-five. One effect of this multiplicity of hospitals in Dublin obviously has been, to enable to increase the proportion of medical officers—of men attached to hospitals who get the reputation and position, and certain of the advantages that belong to the hospital surgeon or physician. There are thirty-eight surgeons and twenty-five physicians holding staff appointments in the general hospitals in Dublin, not to speak of consultants, gynaecologists, and assistant surgeons and physicians. This would give an average of fourteen beds to each physician or surgeon; but if we take up individual hospitals we find that there is even greater over-offering than these figures would appear to show. There is *Mercer's*, for instance, with forty-five beds; it has three surgeons and two physicians, or an average of nine beds for each. The *Meath*, with eighty-three beds, has six surgeons and two physicians, or an average of ten and a half beds for each; and *Jervis-street*, with twenty-five beds, has seven surgeons and two physicians, or less than three beds for each.

4064. Mr. KERRIDGE.—But, as you have already stated, that is a passing condition of things?—It is, no doubt.

4065. Not the order of things which existed in the past, or that is going to exist?—I so stated; but, take the number of 150 beds proposed to be opened in *Jervis-street* for instance, it would give only fifteen beds to each of the seven surgeons and two physicians. In the *House of Industry* hospital, with 150 beds we have five surgeons and four physicians, with an average of nearly nineteen beds; and the *Master Misericordias Hospital* with 160 beds, has three surgeons and three physicians, or an average of nearly twenty-seven beds for each. Comparing the number of beds given to hospital surgeons and physicians in Dublin, we find this—in *St. Thomas's Hospital*, London, the surgeons have eighty-five beds each, in *Birmingham*, forty-nine; in the *Royal Infirmary of Liverpool*, fifty; in *Edinburgh*, the professor of clinical surgery has sixty-three; the senior surgeon, fifty-seven; the second surgeon, thirty-eight; the professor of systematic surgery, thirty-eight; and a third surgeon, thirty-five; and in *Glasgow*, the surgeons have fifty beds each.

4066. The CHAIRMAN.—Can you tell us what they have in Vienna—of the *Krankenhause*?—I will tell you that presently, when referring to the question of management. In Germany and France the number of beds given to each is very large, particularly in the former country. There the patients are divided into two great classes, medical and surgical. One person is appointed to the charge of each division, and may have several hundred beds under his control. At *Kiel*, at Vienna, at *Halle*, in nearly all the large continental hospitals, there is but one surgeon in charge of the surgical department; of course there are a number of special departments which may come under the denomination of surgery, which he has nothing to do with; but the director of the surgical department may have from 300 to 400 beds under his control; and the way the work is done is by the appointment of assistants. But the director has the entire staff under his charge, he can direct what is to be done, and he has as the result the use of all this material—the accumulated experience and observation of a number of men appointed by himself, and acting under his direction.

4067. Mr. HOLMES.—Do these assistants reside in the hospital?—No, not necessarily; there are resident and non-resident assistants. The former hold office generally for two years, getting a salary and afterwards, as they make themselves known by their writings and work, through the medical journals, they obtain a reputation that leads to their being invited to fill some office in another town, and finally, according to their reputation, they get the appointment of

directors, who are paid a certain sum, but are also allowed to practice.

4068. The CHAIRMAN.—You could not tell the proportion of assistants that are resident?—No, they vary of course in different hospitals. In the *Krankenhause* at Vienna, for example, there is a complete medical school, departments for the diseases of women, syphilis, skin diseases, and so on, each having a special doctor over it, but the two great denominations are of surgery and medicine, managed as I state in the various hospitals. Practically the same principle obtains in the Parisian hospitals, where the surgeons and physicians have always a large number of beds indeed.

4069. Then, as a general question, do you prefer a few large hospitals to several small ones?—Certainly, I say that in small hospitals the material upon which after all medical science is built up—by the observation of it, by marking the results of treatment, and so forth—is apt to be frittered away. In Dublin, that is beyond all doubt the case, and the general opinion of the profession is in favour of a smaller number of hospitals which would give surgeons and physicians a larger number of beds, and therefore greater material to work upon.

4070. Would you be in favour of the junior medical appointments in hospitals being filled by examination?—Decidedly. The system in Paris, and indeed throughout France, with reference to hospital appointments, is that known as the *concours*. There appointments are filled up by examination. In Paris, for instance, all the hospitals are managed by a central board, and there are intern and extern students in the staffs of the various institutions. These appointments are all filled by *concours*, and a candidate must go through the regular steps from the junior to the senior positions. He must prove himself to be competent, and finally when he has passed the examination he is put on the list of assistants. He has to give a proof not only of his knowledge of the subject selected by the board, but he has to give practical evidence that he is able to teach students. He is put into a ward with so many cases, must make a diagnosis of these, explain what they are, and give a lecture upon a subject which is set for him three or four times. In a word, he has to furnish the best possible evidence that he is able to express his ideas that the students may understand him. Of course that is a system which has a great many advantages—I think more advantages a great deal, than the chance that there is of a man turning out a good teacher, who is elected practically for other considerations than his ability to teach. A man may be very skilled in his profession, may have passed an excellent examination, and have first class testimonials, and yet as a clinical teacher, prove a complete failure. In the system of appointments in our hospitals here we have no guarantee that a man may not be a failure or may be a success as a teacher, and therefore I say the French system is better in that respect, because the board has evidence supplied to their own eyes and ears, of the capacity of each man to fill an office. Candidates after passing the examination I have mentioned are in the first instance placed on a list of those qualified to take the position of surgeon or physician, and if any member of the staff of the hospital is absent, ill or on leave, one of these is called upon to take the duty temporarily. Then as a vacancy occurs, he is placed on the staff of a small hospital, and gradually, as his reputation grows, he is changed from place to place, promoted as he goes, till, when he has shown himself to be a good man, he becomes attached to one or other of the larger medical institutions in Paris. The whole system of hospitals there is that of being managed by a central board and applying the examination test.

4071. Do you wish to say anything further as to the system of appointments elsewhere?—I would just like to say one thing further with reference to staff promotion. The system in Dublin of over-offering our hospitals is not beneficial, to say the least of it, to the reputation of our school of medicine. That

school has had for years, and has now, a very great reputation. I am surprised, indeed, that it has so great a reputation, when one sees the way that things are managed here, and the material that is wanted. Obviously, under the existing arrangements, men cannot be said to have the same amount of experience, that is perfectly clear. A man cannot have the same amount of experience with nine beds, as a man in London or elsewhere with fifty. True, the man with nine may make a great deal more use of his opportunities than the man with fifty, but I am laying down the general principle that the larger the number of cases a man has, if he uses them properly, the greater benefit it will be to him and to the reputation of his school. The material for observation is scattered where you have a large number of small hospitals, instead of a few large ones, as on the continent and in the large towns of England and Scotland, and the material concentrated in these. Then it is injurious to the profession itself, because I need not say that where fifty or sixty holding hospital appointments instead of only twenty, the assurance that those men can obtain is not likely to be great. They have not those opportunities.

4072. Mr. HOSKINS.—But I think, Mr. Thomson, it is the medical men in Dublin who are responsible for this state of things?—I am very much afraid that is so, but not the present race, I am bound to say. I think a number of hospitals were established in Dublin that ought not to have been established, and I think in the past generation medical men were responsible for that. But we are suffering from it now.

4073. In fact half the Dublin hospitals have been started by the medical men as advertisements for themselves—is that not so?—Well, I don't know about the advertisements. It may have been for the good of the country.

4074. The CHAIRMAN.—I suppose in your opinion the examination for junior appointments may smooth down the religious difficulty which now unfortunately exists?—Yes, if I may go into that question, speaking of the new general Hospital as suggested here, I would say there ought to be, in Dublin—as the metropolis of the country, and with its great medical school—a National Clinical Institution. Of course I see at once, and everyone must admit, the great difficulties there are to be encountered in establishing such an Institution in Dublin, because we cannot get, I am afraid, the Mater and the Adelaide to join hands for an amalgamation. It can be done in other places because the lines which divide people are not so strongly marked, but if it could be accomplished here I think we ought to have one great National Institution, that would in the first place attract students to us not only from Ireland, but from England, Scotland, and abroad. There is no reason why students should go to Vienna, for instance, any more than come to Dublin. Men go there from America and elsewhere simply because the hospital and its staff have made a great reputation, and because it is a complete, almost a perfect, school, in which they know they will receive the very best instruction in every branch of the profession, and with the most perfect equipments that any hospital can afford. I say that we ought to have here a great National Hospital, or if it be necessary, two of them, or three of them—whatever arrangement of that kind could be worked. But, if it were possible, it would be a great matter to obliterate altogether the religious or— I don't know what term to apply—the exclusive hospitals, and that these new institutions should be managed by non-sectarian Boards representing the various interests that keep them up. Then would arise, as has arisen we unfortunately know, the difficulty about the religious possession of the officers appointed, and I don't see any way of getting rid of the suspicion of religious sympathy except by a system of examination. I think a system of examination for the junior appointments ought to be established in such an Institution. It would at once remove all possible suspicion that a man was elected simply because he was a Protestant or a Catholic. And then having got

into the positions of Assistant Surgeon, or Assistant Physician, let them be promoted without further examination to vacancies as they might occur, in order of seniority.

4075. Have you considered the question of grouping the management of hospitals, I mean constituting a central board outside to govern all?—That would be advantageous if it were possible to get in all the hospitals.

4076. But supposing you amalgamated some would you be in favour of a central board for their control?—Or a board for each hospital.

4077. Yes!—I would be in favour of a central board for three hospitals that benefited by any grant that might be given. I think it would be better that there should be one system of management for such hospitals. I should like to make one other observation also, and that is with regard to the disposition of this grant. If, for instance, Jervis street and the Meath hospitals were to receive any part of this grant—the Meath does receive a share at present, I believe—some condition ought to be made with reference to a change of their charters. I understand that both of these hospitals are bound down by the terms of their charter. I will take the case of the Meath which, as I mentioned, has eighty-five beds, and a staff of eight surgeons, and physicians, or a little over ten and a half beds per head. After what I have said about the small proportion of beds to each person, I think that this is a most objectionable arrangement; and the same remark applies to Jervis-street. But of course the governors of each hospital are bound by their charter. I suggest, therefore, that if they are to get any share of this grant, it should be made a condition that a change should be sought for in their charters, and that they should be in a position to reduce the number of their staffs, so as to make them more properly proportionate to the number of beds. I would not interfere with any existing interests in the Meath or Jervis-street, but as vacancies occurred, let them not be filled up till you get a proper proportion between the medical officers and the number of beds.

Mr. HOSKINS.—Dr. Chance, are you in favour of that view—as you are here I think we may ask you?

4078. Dr. Chance.—Yes—if you remember I suggested for an hospital of 300 beds, that there should be three surgeons and three physicians—with of course a proper staff of assistants which would give fifty beds to each. I also suggested that the assistants should be appointed by examination, and the surgeons and physicians by election, so to speak, as I believed it would be impossible to estimate a senior man by examination—you could not examine his eye, his touch, and so on.

4079. Mr. Thomson.—Quite so. That I think would be an important change. The same rule of course would apply with reference to admission by examination. Supposing Sir Patrick Dun's and the City of Dublin hospitals, were to be amalgamated. At present there is this peculiarity about Dun's; Trinity College, or at least what is called the School of Physic has its professors connected with that hospital, and I think that that condition of things ought to be changed, and that if they are to be amalgamated and receive a grant, they should come in under the arrangement that their junior officers are to be appointed by examination, and in the same way as in the other hospitals. I think an institution that receives any of this money, whether it be Jervis-street, the Meath, Dun's, or the City of Dublin, should be governed in the most liberal way possible—that there should be no possible suspicion for either side, or ground of suspicion for either side, that there was anything of a sectarian character about it at all. In that way the sympathy of the general public would, I am convinced, be attracted to these institutions, and the public would be induced to give what support they required.

4080. The CHAIRMAN.—You told us about the mode of appointment in France; can you tell us how the appointments are made in Vienna?—I think the

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appointments are made there directly by the Government.

4081. The junior appointments?—I think they are made without examination, but if I mistake not the director himself has practically the appointment of his assistants, and they only hold office for a short time—about two years.

4082. Mr. HOLMES.—With reference to the proposed scheme of amalgamation, I want to ask one or two questions. On the north side of Dublin you have the Mater and Jervis-street?—Yes.

4083. And remembering what fine institutions they are, and the large sums of money that have been spent upon them, it would be quite out of the question to suppose that you could obliterate them?—Certainly.

4084. Therefore we must take them into account in any scheme that could be devised, but on the north side of Dublin, looking for the moment out of consideration, Bagginistown and Don's, which serve the purposes of the townships, we have Steevens', Mercer's and the Meath. Now Steevens', I understand, is not only somewhat out of the way but is not built in accordance with modern ideas, Mercer's you have only got to look at to see that it is not by any means a first class institution, the Meath is the County Infirmary, and it would appear to me to be somewhat too much removed from the centre; but would you say that there should be a new institution built near Christchurch-place to take the places of these three hospitals, do I understand that to be your scheme?—Stevens', Mercer's, and the Meath—well, I certainly would say that it should take the place of Steevens' and Mercer's, and if the Meath could come in so much the better. Dr. Chace has objected to the Christchurch-place site on account of its proximity to Jervis-street; but in my opinion the Jervis-street district lies beyond the hospital and down the quays. At present the House of Industry hospitals are fed from the locality between North Brunswick-street and the river, where there is a large and dense population, and the reason that Christchurch-place was suggested as the site of a new hospital was, that supposing our hospitals and Steevens' to be abolished and amalgamated in this new building, we would still be able to afford accommodation to the people that are now accommodated by us in those districts. If it is proposed to wipe out Steevens' and the Richmond, and to have no hospital in the neighbourhood of Christchurch-place, you leave a very large district to the west of Jervis-street without hospital accommodation. Drawing a line from Jervis-street up to the Meath you would leave practically the whole of the western district entirely unprovided for.

I think Dr. Chace's contention is that if Jervis-street Hospital were enlarged and had sufficient funds to maintain 300 beds it would provide for that entire western district!

4085. Dr. CHACE.—Yes—the western side of the city up to the Park-gate. Off towards the North Circular-road there is not a very dense population when you abstract the barracks, the lunatic asylum and the workhouse. At present we serve the very point of the North Wall which is a much further distance.

Mr. HOLMES.—Then again I think Dr. Chace's plan is that instead of building a new hospital at Christchurch-place, or indeed anywhere, the Meath should be enlarged and made the new Hospital in fact.

4086. Mr. THOMSON.—Yes. But I have not considered that point very much apart from having one institution somewhere about Christchurch-place.

4087. Mr. HOLMES.—However it is your opinion, Mr. Thomson, that one hospital there would supply the place of the three I mentioned?—Yes. You see in that middle district in which the Adelaide, St. Vincent's, Mercer's and the Meath are, we have three hospitals within quarter of a mile of each other—some nearer than that; and that is quite an unnecessary amount of hospital accommodation for the district.

4088. Then if the Mater and Jervis-street were enlarged, a new hospital erected at Christchurch-place and an amalgamated hospital at the other end of the city to represent St. Patrick Dan's and the City of Dublin hospitals, you think the four would be sufficient?—Yes.

4089. And that with 300 beds each they would supply the hospital wants of Dublin?—I think so—amply.

4090. Then I may take it that you and Dr. Chace agree as to that—for his scheme was also to provide four general hospitals with 300 beds each?—Yes.

4091. You agree except as to the site of one—you prefer a new institution somewhere about Christchurch-place and he advocates an enlargement of the Meath?—Quite so. Of course if Jervis-street and the Mater were not built I would say other sites should be chosen for them, but we have to deal with things as we find them, and I think the four you mentioned—two on each side of the river would meet all the requirements of the case and provide beds quite sufficient for all the wants of the city, that is judging from our present and past experience.

4092. Is it not the case that since this inquiry commenced the number of students attending the House of Industry Hospitals has fallen off considerably?—It has fallen off considerably.

4093. And your income will, as a matter of course, be affected thereby?—Yes. I may say, since you have mentioned the matter, that I am aware of this fact—that it was very industriously circulated in Dublin and amongst the students that we were not going to open our doors—that there would be no class at the Richmond this year, and the result has been, as I say, a very remarkable fall from ninety students last year, before there was any talk of this Commission, to, I think, between sixty and seventy now.

4094. Mr. KENNEDY.—But you do not attribute that to this Commission?—Oh, no; I know the person who circulated the rumour very well.

4095. Mr. HOLMES.—But don't you think that a hospital position has a distinct pecuniary advantage to the holder?—Oh, a distinct advantage, certainly. A man who has a hospital has the opportunity of making his reputation in the profession such as a man without a hospital has not—he has much very great opportunities that he gets into a higher class of practice. A hospital surgeon or physician generally aims for consulting practice, and he devotes himself in very many cases to some particular department, more or less. That is, a surgeon keeps himself very much to higher class surgery and a physician to higher class medicine, and to deprive a man of his hospital would mean professional ruin to that man, so far as his future is concerned. Of course he may become a general practitioner, and get bread and butter, and all that, but his hope for reputation and eminence in his profession would be gone. Practically, I would say—without meaning any kind of offence to the profession I am going to mention—it would be very much like changing a Queen's counsel into an attorney.

4096. There are plenty of Queen's counsel who would be glad to be turned into attorneys, I can assure you!—Oh, yes; but I am speaking now entirely of the professional position of the two, not of monetary results. There are a great many general practitioners in London, for instance, who make vastly more than the best hospital surgeons in London, but money is not everything. Some men work and write to gain a reputation—to gain the foremost rank in the profession, and the only way that that is possible is by hospital experience, observation, and writing.

4097. Have you ever tried to put a money value upon your position in the House of Industry Hospitals?—Well, I could tell, of course, what the direct money value of our dues was, and so on, would be, and it is not easy to say what indirectly, that is, in private practice, I should get from my connection with the hospital; but if you ask me what I would take to give up my hospital appointment now, at my age,

and go without a hospital—practically throw me out on the world—well, I say if you offer me £10,000 or £15,000, and say which will you have, your future or this, I would prefer my future and my hospital.

4108. Are you aware, Mr. Thomson, that Professor Haughton gave the weight of his opinion in favour of small hospitals?—Yes, I saw his evidence so far as it was reported in the newspapers.

4109. And would you not say that he was *Admiral* *confess* *vinculus* in this respect?—Oh, yes; I am directly at variance with him. Dr. Haughton is not a medical physician or surgeon, and he is not able, I think, to give a judgment upon this matter. There is no question at all about it that the matter has been now settled in favour of the large hospitals. The old objection to large hospitals arose from the fact that they were supposed to become saturated, as to speak, with poison from the number of cases, but that objection has been got rid of by the way in which these large hospitals are now built, on the partition system—a number of small hospitals bound together with one corridor and under the one management. Whenever new hospitals have been built during the last twenty years you will find that they are all large—such as those at Manchester, Leeds, and Edinburgh. It cannot be advanced for a moment, I maintain, that a small hospital is at all comparable to a large one.

4110. The CHAIRMAN.—There was another view put forward about the small hospitals—that it was easier to teach when you had a small class, and no crowding of students?—That view has been held by those in favour of small hospitals, but it is clearly easily met in this way—if you have a large hospital and a very large class going round in the morning, the class can be divided. I have seen, even in a small hospital in Dublin, sixty to seventy students going round, and the same objection holds good to such a class as that. But it is perfectly possible to meet the difficulty by dividing the class and putting two surgeons on duty at the same hour.

4111. Mr. KENNEDY.—I want to ask you, Doctor, if, underlying the scheme that you have proposed, there is not in your mind one simple fact that when you consolidate you will have funds at your disposal amply sufficient to provide the buildings and to what you call administer the house?—Yes; certainly.

4112. And in the city of Dublin, from what source do you expect to draw that necessary fund if we confine the existing hospitals to four?—First of all there are some endowments. I don't know what the actual fund of Sir Patrick Dun's is.

Mr. HERRICK.—About £1,500 a year.

4113. Mr. THOMSON.—There is £1,500 to begin with, then Steevens' has a private endowment, and of course, I would expect that the sum that is now being distributed amongst the hospitals should be capitalised. Between Steevens' and the House of Industry Hospitals, we have about £14,000 a year.

Mr. HERRICK.—No, you have not £14,000 a year between Steevens' hospital and yours. The House of Industry grant is £7,472, and Steevens' £1,500, but Steevens' has also £1,680 a year out of lands and houses.

4114. Mr. KENNEDY.—Don't misunderstand me, Mr. Thomson, you are going into a question upon which I do not wish to enter, because it is too large to discuss now; but when you speak of four hospitals in lieu of the nine or ten existing in Dublin, at present, I ask from what source do you expect to get funds to build your new institutions, enlarge the others and support the four?—At present there is £35,000 subscribed annually from one quarter or another, to support the Dublin Hospitals.

4115. But once you upset the principle that yields that £35,000, where are you to look for funds, that is what I want to get at?—There are the existing endowments to commence with—

4116. You cannot interfere with those endowments though, which are under trustees?—I am not so sure of that.

4107. Unless you got an Act of Parliament?—That is what I mean, of course.

4108. But assuming that Government is not going to do for us in Dublin what they are not doing in any other city or town, that is what the Continental Governments do for their hospitals, what remedy do you propose to apply for the deficit which must take place in the funds of the various hospitals the moment you withdraw the principle which enables men of different minds to join in supporting that which is according to their own taste?—Do I understand you to mean over and above the Government grant?

4109. That represents but £16,000 a year, leaving about £20,000 to be supplied by subscriptions, which are forthcoming now, because in the variety of institutions that exist, men of different tastes can find that which is to them most commendable, but once you destroy that, where are the funds to come from?—We would have the four hospitals to provide for and have endowments, and this Government grant of £16,000 to begin with. Now, I don't think the Master requires any money.

4110. Why is that?—Because it is able to support on its own money a larger number of beds than we can do. It is at present able to support itself and it is one of the four hospitals we speak of.

4111. Owing to which is it able to support itself?—I don't know, but the fact remains that it does.

4112. Is it not on the absolutely voluntary contributions of the persons who maintain it?—No doubt.

4113. And how are you to get for your scheme a sum sufficient to build the new hospital, and to support the four hospitals afterwards?—You cannot guarantee, in other words, a continuance of those contributions from the public?—Allow me. What I say is this: to begin with, we put the Master out of court, because, however it is, it does not want money—it is able to keep up its beds at present without outside aid. Next there is the amalgamation between Dun's and Baggot-street. Well, Dun's has certain endowments, which of course, if it is anxious to amalgamate with the City of Dublin Hospital, it must bring in—it cannot go into an amalgamation and leave its funds outside; and if amalgamation is carried between those two hospitals there will be so much at all events towards their expenses. Then there would be left the New Central Hospital and Jervis-street. I say that a grant, such as we have here, of £16,000 a year, ought to produce £300,000 or £400,000 if capitalised, and I would give a certain portion of that to Jervis-street, to Dun's, and the City of Dublin Hospital, build a new hospital and give a portion to it. And I think it would be possible to keep those institutions going. Of course the new hospital, having received a certain sum for its buildings and its endowments, must of necessity have to look to the public for the further supplies requisite. That is the way it was managed in Edinburgh for instance, and all through the country they subscribe to the Edinburgh Infirmary.

4114. I am quite aware of that—when you say that you would look to the public for the surplus, I want to know what you mean exactly. Have you been long connected with the House of Industry Hospitals?—I have been there, I am sorry to say, twelve or thirteen years now.

4115. And has it been the custom for the public to respond to any call or invitation from you for funds to supplement this large amount of £7,500 that you received from the Treasury?—No; certainly not—they were never asked to.

4116. Why—was it because having this £7,500 you thought you would get very little?—On the contrary, I believe we would have got a very considerable sum.

4117. Then why did you rest on your oars; why did you not get in funds to keep up your buildings; how do you excuse the apathy of the staff under such circumstances?—Pardon me; you can say what you please of the board, but I will not consent to say

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reflections cast on the staff, because they certainly do not deserve it.

4118. But your Board includes three members of the medical staff—the three most regular attendants!—Now, it does, but previously there were only two of the staff on the board.

4119. However, be it from whatever cause you will, the fact remains that you did not receive anything from the public!—We never asked it; I make that distinction.

4120. You got no bequests?—Yes; I think we got one—there is a legend of that sort.

4121. While the governors of other institutions were exerting themselves to get in subscriptions, and to commend their work to the generosity of testators and others, you went on from year's end to year's end relying almost entirely on this Government grant!—That is so, no doubt.

4122. And I presume my question and ask, do you think it is a just use to make of that grant given by the State for the medical relief of the poor, and medical education, to fritter it away on new buildings when other persons have been required to erect new hospitals out of their own means, and when too, you have no security that the new institution, once it is put up, can be supported out of any funds forthcoming?—Of course I admit that it would be extremely foolish to put up new buildings, as in the case of Jervis-street, unless there were funds forthcoming to furnish, equip, and maintain them.

4123. The Mater has been built, furnished, and equipped out of private resources?—Yes.

4124. And is that a reason that you should exclude it from participating in this grant for the relief of the sick poor and medical education?—No; I did not say that.

4125. You said the Mater was out of court—that it was not to be taken into consideration or get anything, because up to this it has got on without it!—Yes; and now I will give you a further reason.—

4126. Allow me—why is it that you would seek to exclude the Mater from any participation in the grant, when, as a matter of fact, you know that the Mater had no grant, and that it has produced the magnificent results that you admit it has?—For two reasons—one is that it does not want it, and why it does not want it is a matter outside the question.—

4127. But why do you assume that it does not want it—you should not assume in an argument that to be true which you cannot justify?—Well, I say that as a hospital that is able to keep up so many beds.—

4128. At whose expense; not at the expense of the grant!—Excuse me—I wish to answer your question—the Mater is able to keep open 160 beds, and at the time that this return was furnished had no balance against it, but on the contrary, £256 18s. to its credit; and I say a hospital in that condition, having regard to other Dublin hospitals, and the size of them, does not want any money.

4129. To support 160 beds it should work on with this £250 to its credit!—You know perfectly well Mr. Kennedy, that it is practically never in debt—that it does get in its money as required. If I find an institution that is able to work well, to pay its way and have a balance to credit at the end of the year, I say it is in a very flourishing position, and I would not give a penny of Government money to it. Another reason is that I would not give any public money to either the Mater or the Adelaide. I say if you liberate the Mater and the Adelaide, and let them be managed by joint boards, let them come into the scheme by all means, but so long as they are under religious or exclusive management, I say the general public should not be asked to support them or be taxed for their support. I ought not to be taxed for the Mater, and you ought not to be taxed for the Adelaide.

4130. The second reason I won't go into, for a moment, but I ask you it is because out of private funds the Mater has been built, furnished and main-

tained heretofore without any grant that it is to be denied a share of that grant now that it is to be redistributed, is it because they have worked as well and as hard in the past, they are not to get any assistance from this source to extend their sphere of usefulness in the future, while you who have had £7,000 or £8,000 a year, have to your own knowledge for twelve or thirteen years, and to my knowledge for a much longer period, been allowing your buildings to run into decay—asking as donors are to get so much!—Pray don't address me or the staff as donors.

4131. In the same of having produced no income, I mean—are you to be fed and supported out of the grant which you have had the disposal of so long, and with such disastrous results to your own experience?—I take the question of the donors first, because you have introduced a great many points into your question, and it is difficult to follow you, when you ask several questions at once. Our hospitals were supported—endowed by Government, and we applied for funds to improve our buildings, but Government would not give us anything, over and above the £7,470 a year, and that is not to be spent on buildings, but on the relief of the sick poor.—

4132. But why not exert yourselves as the Mater did to obtain the necessary funds from outside—why remain apathetic and idle?—I won't have you blame the staff in the matter, or cast any reflections upon it. Some years ago we had a meeting of the medical staff, and drew up a circular or draft circular, addressed to the public, asking for funds to rebuild the Richmond Hospital. The medical staff wished to join with the Governors in that, and they at once put their names down for £50 each; but when the proposal went up to the Board it was allowed to lapse; some of the Governors would not subscribe to it. That was the reason that movement came to nothing.

4133. And is that a reason, why the State should make any distinction in their favour, and continue to help you by giving you so much a year—because you won't help yourselves?—But we are taking for granted that these hospitals are not to be continued in their present form, and what I have advocated is a re-arrangement which will be beneficial not only to ourselves—which I admit is of importance only to ourselves—but to the poor and to the Dublin Medical School. That is the double object Government had in view in making this grant, and I have only endeavored to show how, in my judgment, the purpose could be best conserved. If this money is to be frittered away in a way to this hospital and a way to that, you will simply be perpetuating a system which, as I have tried to show, is a thoroughly bad one, and once this opportunity of reform passes we shall never have another. We are not asking this money to rebuild the Richmond Hospital, or to keep these hospitals in that position if you don't like; but we ask that if we are to be abolished it should be in the form of an amalgamation, that some good may come out of the changed order of things, because if you simply wipe us out I think you will do a great deal of harm to the Medical School, and no good to the poor, or to the general system.

4134. The CHAIRMAN.—Hearing upon that point—do you think that an institution having a Government grant is in a bad position to appeal to the public?—I do.

4135. And that other institutions which have no grant have a much better chance of getting support?—Certainly.

4136. Mr. KENNEDY.—Of course, I have that idea myself—that Government grants do paralyze public or voluntary contributions; but when you said that the Mater should be passed over, and receive no portion of this grant, one reason that you assigned was that it stands on the same footing as the Adelaide, which excludes persons except of a certain religious persuasion from treatment within its walls, or excludes the clergy of the opposite persuasion from seeing



patients of their own faith when in extremis—are you aware of anything of the kind ever having occurred in the case of the Mater?—I don't think I stated that.

4137. Pardon me, on the former day you did, and you said to-day that the secularisation of the Mater excluded it, or should exclude it from any participation in the Government grant?—I don't think that I said anything about excluding people from either of these hospitals, because, as a matter of fact, I don't know what their rules are. Last day you asked me my opinion on a case, and I gave it. There has been some discussion going on about the rules of one of these institutions, and I am not going to pin myself to what they are; but I do say that these hospitals are managed by religious bodies, and are distinctly recognised as religious institutions.

4138. I deny that absolutely?—That the Mater is?

4139. Yes, I deny it absolutely.—the management of the Mater is for the benefit of Jew, Turk, Catholic, or Protestant?—Yes, but may I ask this, would they appoint me if I were a candidate for an appointment on the staff there?

4140. I think they would be most glad to appoint you on an amalgamation scheme to-morrow, provided that you and your colleagues were acting on the same lines. I do not believe that the management of the Mater ever was, or ever will be sectarian, and I would ask you to tell me when you mention the two institutions together, if you believe the Adelaide, which claims from its doors the clergy of the Catholic Church, and prevents their offering the consolations of religion to people of their own persuasion who may be in the hospital?—I saw a statement published in the newspapers the other day to the effect that they do not.

4141. Up to the sitting of this Commission they did, and I think the very evidence you gave here on a former occasion led to the present liberalising of the place, but do you put the Mater in the same category as the Adelaide, when I tell you as a matter of fact, that that rule has never applied there?—If you tell me that as a matter of fact, then I say to that extent the Mater differs from the Adelaide, if your description of it is correct; but I must refuse to regard the Mater as otherwise than as a hospital managed in the interests of a particular Church, and managed practically by that Church.

4142. Why do you say "managed in the interests of a particular Church" if you admit that the result of that management is to minister to the requirements of the sick poor of all churches?—Very well, I will say this broadly,—that I object to a system of nursing in any institution that is in the hands of a body of persons, ladies or gentlemen, who are bound by any religious obligation and who wear any particular garb, I do not care whether they are Protestant or Catholic Sisters. I object personally to such a system, and I have always so objected.

4143. That is a very fair objection for you to make as a Protestant, and I quite appreciate it; and if that be at the root of your objection, I hold that you are perfectly entitled to your opinion. But with regard to the Mater not being entitled to a share of this grant because it has carried on so far without any State aid, you must allow us, or rather me, to take your opinion for what it may be worth—you have admitted, however, that you do not know where you would get a fund to endow or maintain the proposed new general hospital?—No; I did not.

4144. Unless you took it from the grant?—I would take portion of the grant, and appeal to the public to supplement it, as is done elsewhere.

4145. Sir Richard MARTIN.—As I understand, Mr. Thomson, your idea is that in the event of an amalgamation, the staff of the two or more amalgamated establishments should be transferred to the institution that would remain?—On to the new institution.—Yes. But I think that if such an amalgamation took place there would be some vacancies almost immediately—

that some of the members of the active staff would probably pass into the consulting staff, and I would not fill up the vacancies so created until the staff of the new hospital was reduced to proper dimensions.

4146. But the combination of the staffs would cause the remaining institution to have an enormously large staff to begin with?—Yes, possibly at first; but of course that would depend upon the hospitals that were amalgamated. For instance, in the Houses of Industry Hospitals there are four surgeons and four physicians, and in Stevens' three surgeons and two physicians; that would be thirteen; but I am aware that several of these would, in the event of an amalgamation, pass at once from the active staff into the staff for consulting purposes, and that we should have a workable and not an unduly large staff at the very start.

4147. You mentioned that your idea was that there should be at least fifty beds for each physician and surgeon?—Certainly.

4148. And could a surgeon or physician go round fifty beds each day, considering the time occupied in giving clinical instruction?—Oh, yes; but of course he does not instruct at every one of the fifty beds. He instructs for an hour, and he selects the best subjects for his instruction, stopping at those beds and saying what he has to say; but he sees the other patients too, though he does not necessarily remain very long with each. A physician or a surgeon with fifty or sixty or eighty beds, as some of them have, would have an assistant, and the assistant would do a great deal for him in the way of dressing and overseeing. The surgeon or his assistant would operate and do the post-mortem dressing, and with the assistance of the house surgeon and the students would be able to get through very well.

4149. I was just thinking that with fifty beds, and taking five minutes at each, the surgeon or physician would be occupied over four hours going round?—But some beds he does not stay half a minute at, and at others he may remain for five minutes. You don't stop the same length of time at each bedside—unless you took a splint or a bandage off, you, in the majority of cases, ask one or two questions and pass on. The resident surgeon has been round all the cases in the morning, and all cases requiring special attention are not only attended to at once, but are also brought under the surgeon's notice when he goes round. That is a well known matter—that you don't spend necessarily five minutes at each bedside—you may not spend half a minute at one, and half an hour at the next, as the particular case may require.

4150. Mr. HURROCK.—Is there not a want of parallel in the hospital accommodation of the English towns which you cited, and Dublin, seeing that the former have large county infirmaries adjacent?—We have county infirmaries, too.

4151. Where—in the county Dublin?—No, but in Dublin.

4152. In Dublin—how do you mean?—The Meath Hospital is the County Infirmary, and there are two union hospitals. But the city hospitals at present not only accommodate the city, but all Ireland. A great number of cases come up from the country; and there are infirmaries in the country.

4153. Mr. HURROCK.—Could you say, Mr. Thomson, what proportion of cases in the city hospitals come from the country?—I cannot say off the back; but the impression on my mind is that certainly a third of them, and these generally operation cases, come from the country to us.

4154. Is that your experience too, Dr. CHARNOCK?—would you put the proportion at so high a figure as one-third?

4155. Dr. CHARNOCK.—That would be the outside proportion.

4156. Mr. THOMSON.—Dr. Thornley Stoker reminds me that a larger proportion of surgical cases come up for operations than perhaps of medical cases. At all

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events a very large number of cases come to us from the country.

4157. The CHAIRMAN.—There is only one question I wish to ask you; you mentioned that there had been a report circulated this year which caused your students to fall off, but isn't it a very curious thing that an institution like yours should be affected by an idle report of that kind?—It is a curious thing, but if you know all the ways and by-ways you would not be surprised.

Mr. KENNEDY.—The Doctor says we had nothing to do with it.

4158. Mr. HOLMES.—Quite apart from any life report, would not a perusal of the evidence given before this Commission, make it manifest to the public that some change was imminent?—Certainly, and naturally men were rather timid about entering a hospital in which they thought they might never see the end of their studies, in which event they would lose one year.

Dr. Chance.

Dr. Chance examined by the CHAIRMAN.

4159. You wish to add something, I understand?—Yes, I think that a mistake has been made in calling the Mater sectarian. There are two ways in which you may speak of an hospital as sectarian—sectarian as regards the admission of its patients (and only one of the Dublin hospitals can be so spoken of, the Adelaide), and sectarian as regards its medical staff. Now, I assert that the only hospital in Dublin not sectarian as regards its medical staff is Jervis-street. As regards the assertion that the Mater is managed in the interests of one denomination that is so in every hospital in Dublin except Jervis-street, inasmuch as the medical staff of every other hospital in Dublin except the House of Industry, has a staff of one religion, either all Catholics or all Protestants. As to the House of Industry, Dr. Gordon says—"I have been a very long time attached to the hospital, and I think I can only recollect before the present one surgeon, a Roman Catholic, Surgeon O'Byrne. I can go back a long way, and I cannot recollect in the list of physicians any one before Dr. Corrigan." And, again, in answer to the question as to whether he thought this "prevalence of Catholics" was attributable to the predominance of Protestant candidates for these positions, he replied, "No, I do not." So that with the so-called liberality of the House of Industry Board, we have but three Catholics in I don't know how many years connected with the staff, and two of these entered the hospital when they had already made their reputation in Jervis-street.—Dr. Lyons and Dr. Corrigan.

4160. But the management, is it not sectarian?—It is not the management, but the result of the management we have got to look to. If the result is to give all Protestants or all Catholics, then I say the system is a bad one. I quite agree with what Mr. Thomson has said—I am thoroughly with him in favour of liberality as are all of us, for I do not believe that the surgeons or physicians of Dublin are in the true sense of the word bigots.

Mr. KENNEDY.—I know that even in the Adelaide, to which I have referred, some of the members of the staff are as high-minded and liberal men as are to be found in their profession, not only in Dublin, but any where.

4161. The CHAIRMAN.—Notwithstanding what you have said, Dr. Chance, is there not a difference between the management of Jervis-street and the Mater?—Yes, but no difference as regards the result of management, both are freely open to the sick poor of all persuasions. Now, as regards the Mater, Mr. Thomson says practically, that because it has got support from the people it should get none from the Government; but I think that is bad reasoning, and on the contrary I would urge that for that reason it should be not less, but better supported by Government. There is only one other thing that I wish to add, and that is to state that I never even heard of the report, the circulation of which Mr. Thomson says led to the falling off of the student class at the House of Industry Hospital.

Mr. THOMSON.—Oh, no; it did not come from you at all, Dr. Chance.

Dr. Anthony  
Coley,  
F.R.C.S.

Dr. Anthony Coley, F.R.C.S., examined by the CHAIRMAN.

4162. You are Lecturer in Surgery in the Carmichael College of Surgery?—Yes.

4163. Surgeon to the Richmond Hospital?—Yes.

4164. A Fellow and Examiner of the Royal University?—Yes.

4165. And a Fellow of the Royal College of Surgeons in Ireland?—Yes.

4166. You have heard the evidence given to-day by Dr. Chance and Mr. Thomson?—Yes, the entire of it.

4167. And with which do you agree—there is no one going over the same ground again?—Well, on the whole they agree more than they differ, and I am quite with them. I think that the work done by the House of Industry Hospitals, and the position they have obtained—excluding any defect in the buildings themselves—furnish strong proof for the necessity of amalgamation. It was the largest hospital in Dublin up till a comparatively recent period, and it is admittedly the most thoroughly representative of the Dublin Medical School. Some of the best known surgeons—men whose reputation has been world-wide, have sprung from the House of Industry, and that I believe arose from the fact that the surgeons and physicians there had more material to work upon, and were more in the position of the Continental, and London Hospital Staff than in any other institution in the city. There is no doubt that in small hospitals the material for observation is frittered away, and if men have gained eminence in those they would certainly have attained still greater eminence had they been in charge of larger establishments.

4168. Then you agree with Mr. Thomson that there are too many hospitals in Dublin?—Assuredly. There is, as you have heard, no town in the kingdom with so many hospitals; and as a consequence the material for observation is too much scattered instead of being concentrated. It must be injurious to the profession, and thus to the public—because if experience is worth anything it is plain that a man with nine or ten beds in charge cannot have the experience that would result from having forty, fifty, or sixty.

4169. Mr. HOLMES.—You refer with very just pride to the reputation of your hospital— isn't it the fact that a celebrated New York surgeon came over to Dublin to see the room where a surgeon performed a most critical operation?—You refer to the first case of aneurism treated by compression, which is now known as the Dublin method of treatment.

4170. Yes—what was the surgeon's name?—The late Dr. Van Buren, a distinguished American surgeon.

4171. The CHAIRMAN.—With regard to junior hospital appointments being filled by examination, do you agree with what has been said?—Yes, I quite agree with Mr. Thomson and Dr. Chance on this point.

4172. And also in the general proposition, I suppose, that a few large hospitals are preferable to a number of small ones?—Yes, Dr. Houghton, to the contrary, notwithstanding.

4173. Would you tell us briefly your views as to amalgamation of the Dublin hospitals?—Well, the first scheme suggested for amalgamation was one that

recommended itself to my common sense—the amalgamation of two institutions, with deficiencies in each, each deficient in some respects, Steevens' and the House of Industry. I think that project would have been one of the greatest advancements in the cause of the Dublin School of Medicine that ever occurred in my time, or probably in any other time, and I was really disappointed when, in consequence of the action of the Board of Steevens, it turned out that it could not be carried. It occurred to me that it was one of those cases where the prejudices of a Board run counter to the interests of the public interests—the Dublin Medical School, and the relief of the sick poor.

4174. Supposing the House of Industry hospitals were abolished, have you formed any opinion as to the compensation which should be given for vested interests there?—I have formed no definite opinion, because we never made any definite calculation, but what Dr. Thomson has said on that subject commends itself to me. I certainly would not give up the advantages of my hospital any for £10,000, and I may mention in this connection that the reputation of the House of Industry hospitals has always been such, that up to the time that the Commission sat, there is not a surgeon under forty years of age connected with any other hospital in Dublin that would not gladly go to it if the opportunity presented itself. For example, I left another hospital to join the staff there, and so did Sir Douglas Corrigan, Dr. Lyons, Mr. Stokes and others—in point of fact, it was a well-known centre of attraction.

4175. And it was esteemed an honour to be connected with it?—Yes.

4176. Mr. KENNEDY.—You were sure of beds to the extent of the £7,000 or £8,000 Government grant without any personal exertion to bring in funds?—I don't think that personal exertion had anything to do with it, because we were always willing to subscribe ourselves, and to appeal to the public for funds if the Government would only join us.

4177. But you were sure of having that £7,000 or £8,000 and beds to that extent, at all events, without any exertion whatever?—Allow me—I am anxious to make this perfectly clear. Reading the evidence (as reported in the newspapers) given on a former occasion, by I think it was Mr. Charles Martin, I observed the statement that the medical staff was backward, but that is not so—on the contrary, we were willing to put our hands in our pockets and subscribe £30 towards improving our hospital.

4178. It ended with the intent however—the act never was performed?—No, because the Board did not take the matter up, it was they who were lukewarm,

not the members of the medical staff. I do not agree with the first part of Dr. Chance's evidence or with all stated here today to the like effect—that Dublin is so very much overstocked with hospital beds. I am not of opinion that 1,800 beds would be too much for our wants although in Edinburgh they may do with 600, and my reasons for saying so is this—that the lower classes are more starved in poverty here, and have not provided, as they do in England and Scotland, for a rainy day, and the only alternative when these people are overtaken by disease or meet with an accident, is to send them into the Union. Even at present, I think many cases go into the Unions that are proper to be treated in our hospitals, and I think that is a mistake and to be regretted, because once a pauper always a pauper, and if these people once lose self-respect, if they break up their little homes and make their way into the Union, they are lost to society, and may almost to a certainty be regarded as paupers thenceforward. I would say, therefore, that even a larger proportion of beds here as compared with the cities and towns of England and Scotland then exists, would not be so disproportionate as has been implied considering our different circumstances. I don't at all agree that we are over-bedded; we are over-hospitalled no doubt, but we have not too many beds.

4179. Mr. HORTON.—Besides, Dr. Chance took only the city population into consideration, and there are very many country cases treated in our hospitals as well?—Exactly so.

4180. Dr. Chance.—But taking what Dr. Thomson says as to the number of these country cases, we have, even after providing for those, the fact that there are more than 400 beds unoccupied. That is a simple fact.

4181. Dr. Corley.—They are unoccupied simply because we have not the means to keep them up.

4182. Dr. Chance.—I may let us substitute for the system of several hospitals with that many unoccupied beds, a few hospitals with a smaller number of beds which can be maintained.

4183. Dr. Corley.—That does not affect the question. I am quite with you as to the propriety and advisability of having fewer hospitals, but I wish to press the point, that in my opinion at all events, we have not too large a number of beds in proportion to other places having regard to our local circumstances.

4184. Mr. HOLMES.—And is it not the case, Dr. Corley, that if the breadwinner had to go to the Union workhouse to be treated for some accident, all his family must go there with him?—Formerly that was so, but the system of out-door relief meets that difficulty now to some extent.

Dr. Chance re-examined by the CHAIRMAN.

Dr. Chance.

4185. Did you read the evidence that Dr. Mason gave here yesterday?—Yes, I read a report of it in the *Freeman's Journal*.

4186. And do you think that his statement as regards his personal position, *qua* Master of the Rotunda Lying-in Hospital, was at all beyond what is his due?—Certainly not, and I would not interfere with that position, or detract one iota from its importance or pecuniary worth. It must be remembered that there are very few prizes in medicine—a lawyer may aspire to the bench, or even to the Lord Chancellorship, but there are no such appointments for the physician or the surgeon, and such as do exist I would not interfere with. The Rotunda is known all over the world for the excellence of its teaching, and we should beware of innovations, but they might tend to lose that reputation and impair the hospital as a teaching centre.

4187. Mr. HOLMES.—Assuming that the present system was changed and that a salary was fixed for the Master of the Rotunda, would you not say that in order to secure the services of a really first-rate man the salary should be an exceedingly high one?—I

would not advocate the giving of a salary at all, the present system of payment by fees is much preferable because it acts as an incentive to work.

4188. Would you be in favour of leaving it optional with the board to re-elect the master for a second term of office?—I would, for the reasons which Dr. Mason gave yesterday, but I think there should be some provision for removing an incompetent or an indolent man. I don't think it should be in the power of an incompetent man to ruin the reputation of that hospital as a teaching institution.

4189. The CHAIRMAN.—What is your opinion, Dr. Thomson, on this question, do you think the Master of the Rotunda should be paid by salary or by fees as at present?

Dr. THOMSON.—Oh, by fees certainly, but I think the principle should not be quite unlimited.

4190. Dr. Chance.—It is limited by the number of pupils in Dublin, the Master cannot get more money than there are pupils to pay fees.

4191. Dr. THOMSON.—That is so, and the head of a large hospital occupies quite a different position from that of an ordinary physician or surgeon, because he

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Dr. Chance.

has to devote more time to the work, and in the case of the Rotunda, he holds the appointment for a limited period. Besides it is a good thing that some one should get a prize; there are very few going in our profession.

4192. Mr. HOLMES.—And if it was decided to substitute a salary for the fee, it should be a very large one?—Yes.

4193. So as to secure the services of a first-rate man?—Yes.

4194. Mr. KENNEDY.—Dr. Corley, do you agree with what Dr. Chance and Dr. Thomson have said on this question also?

Dr. Corley.—Yes, I do. I certainly would leave the Rotunda alone. It is doing excellent work.

The Commission adjourned till next day at twelve o'clock.

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## FRIDAY, 5TH MARCH, 1906.

The Commission met at twelve o'clock, in the Chief Secretary's Room, Dublin Castle.

Present:—Sir ROWLAND BLINCHERBERRY, Bart., D.L., Chairman (presiding); Mr. CHARLES KENNEDY, J.P., Mr. THOMAS MAXWELL HUTTON, J.P., Mr. ROBERT W. ARBUTHNOT HOLMES, Mr. RICHARD OWEN ARNSTRONG, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The Minutes of the previous day's sitting having been read and confirmed—

Mr. Henry A. Robinson.

Mr. Henry A. Robinson was called and examined by the CHAIRMAN.

4195. Mr. Robinson.—You are an Inspector of the Local Government Board?—Yes.

4196. You read the evidence given by Dr. MacCabe about the hospital accommodation in the Dublin Unions?—Yes, I read the newspaper report of that evidence.

4197. And do you wish to make any remarks on it?—I do. With regard to Dr. MacCabe's evidence about the South Dublin Union, I have nothing to add, and I quite endorse everything he said, but with reference to what he said about the North Dublin Union, I desire to make a few observations. I succeeded Dr. MacCabe in charge of the Dublin district, which comprises those and other Unions, about twelve months ago, and since that time a great change has taken place in the accommodation and management of the North Union. The new buildings at Caltra which were in course of construction for three or four years are now completed, and between 400 and 500 children have been transferred from the workhouse to the new establishment, and the accommodation of the main house freed to that extent. Notwithstanding that, however, on account of the large depression throughout the country, there has been a great number of admissions to the North Dublin Workhouse, and the buildings are still overcrowded. But the question remains as to whether the present condition of things is normal or abnormal. I am rather inclined to the latter opinion, and of course should the overcrowding continue, something must be done to provide better accommodation. The minimum amount of outdoor accommodation as recommended by the Poor Law Union Inquiry Commissioners, who not a few years ago, in 600 for ordinary sick cases and 800 for offensive cases or lying-in cases, but I am afraid it has not been quite possible to adhere to that at the North Union Workhouse, by reason of the overcrowding and the paramount necessity of housing the destitute. Things, however, are not quite so bad now as when I inspected the house about three or four weeks ago, and I see no reason to suppose that the present overcrowding, consequent upon the much larger number of admissions compared with previous years is not abnormal.

4198. There are more beds on the ground, are there not?—Not in the hospital, but there were about seventy in the shoddy portion of the house when I made my last inspection.

4199. Mr. KENNEDY.—Are there any day-rooms provided for the paupers at present?—Well, the whole house is very deficient in day-room accommodation at present.

4200. Is it not the fact that Dr. MacCabe in report after report drew the attention of the guardians and of the Local Government Board to the lamentable

state of things existing in that workhouse from want of day-room accommodation?—I have not seen any of those reports, but the day-rooms are very much overcrowded, so much so that about three weeks ago there was not standing room for the inmates. But a great many of them have left the house since then.

4201. The poor people have to go into the yards in all weathers for want of proper day-room accommodation indeed, take the work-room for women, is not the accommodation there totally insufficient for them?—In the old work-room it is insufficient, but as you are aware, Mr. Kennedy, a new work-room has been opened, though the women have not been transferred to it yet; and I cannot say whether it will be sufficient or not.

4202. For the number of people in the house, independent of the hospital, can you give an idea of what the actual accommodation is per inmate in the dormitories and in the work-rooms?—Not offhand; but I could procure that information for the Commission.

4203. Even admitting that the existing condition of things is not the normal state of the house, do you, as an expert, consider that the requirements of the Local Government Board as to cubical contents and space for each inmate have been provided for in that union?—Well, ever since I have been in charge of the house there has been an unusual number of people in the house. I mean that at any time during the past twelve months it would be found that the number of inmates was largely in excess of the corresponding period in the previous year, so that I can only judge of the place as an abnormal period for relief.

4204. But have you not had an opportunity of looking over the reports made from time to time by Dr. MacCabe?—No. As I said before, I have not seen any of those reports.

4205. Are you aware that he frequently—any constantly—complained of the want of air, space, and accommodation in that house?—Yes; but I should have thought that the removal of between 400 and 500 children to Caltra would give sufficient accommodation to obviate that and remedy the evil.

4206. But, as against that, you are aware of the large space taken to provide for the dormitories and the nurses in the Protestant hospital?—Yes, that, I believe, has absorbed the space of about 200 beds.

4207. Consequently the removal of the children to the Caltra auxiliary frees only the space of about 200 beds in the main house?—Yes.

4208. And are you aware that in the wooden sheds, where the women sleep, the beds are contiguous to each other, and that girls of fifteen and twenty years of age are sleeping practically in the one bed?—I believe that is so.

4209 And that in some of the beds—single beds for one person—two are crowded, while others actually lie on the floor?—That has been the case also.

4210 Now, having regard to that state of things existing, would you agree or disagree with Dr. MacCabe in saying that if the vested interests of the men attached to the House of Industry Hospitals could be provided for, it would be of great advantage to the union to have the use of these buildings for the hospital infirmary purposes of the union?—Undoubtedly, sir, it would be a very great advantage to the union. At the same time I do not concur with Dr. MacCabe in saying that the guardians would not object to paying for the maintenance of the hospital inmates of the House of Industry hospitals. I believe they would object, and that would be the difficulty.

4211 That may become a question for the civil authorities and the State to settle, and possibly some recommendations may issue from this commission; but you agree, Mr. Robinson, that increased accommodation is really necessary?—I should be very glad to see any increased accommodation that could be provided, for another reason, that the guardians would be in a position to provide suitable apartments for the Sisters of Mercy, who are, I understand, to take charge of the Catholic hospital. They are not able to go there at present, as there is really no accommodation provided for them.

4212 You know what is called the garden side of the house. Is not the accommodation provided there and that provided for the lunatics positively inhuman as far as the flogging of the floors, the firing, and the crowding of the beds are concerned?—The firing is very bad in different departments of the house; but I have not reported unfavourably as to the accommodation provided for the lunatics.

*Alfred W. Harris, A.R., examined by the CHAIRMAN.*

4250 You are Chairman of The Hospitals Committee of the Corporation of Dublin?—I was, last year.

4251 Have you formed any opinion as to the question of amalgamation of the hospitals in Dublin?—I read with a great deal of interest Dr. Chance's evidence of yesterday, and I quite concur with his theories, but differ from him entirely as to the practical working of them out.

4252 You also read Dr. Hamilton's evidence, I perceive—it was given at one of the earlier sittings of the Commission?—I don't recollect that I read it.

4253 Or Dr. Thomson's?—I did not pay any particular attention to it either. I did not know that I would be asked to attend as a witness, or I should have given the matter more consideration. We say in our report—"while we are of opinion that the multiplication of small hospitals should not be encouraged, one cannot forget that Dublin is a great medical school, and that the question of amalgamation of large hospitals involves so many other issues, that we are not in a position to express any opinion thereupon." That is really the case. On our inquiry as to the hospitals, one of the greatest difficulties we found in the way of amalgamation was the vested interests that existed in the various institutions. That was the great stumbling block in the way of amalgamation, which we thought might otherwise take place with immense advantage. We felt it was such a very large question that we could not deal with it.

4254 Have you formed an opinion as to the type of hospital that should receive a Government grant?—Yes; I think there ought to be two or three large hospitals in Dublin with Government grants, and that the appointments in these should be open to medical men of all creeds and opinions, and accessible only by absolute merit.

4255 What do you mean by a large hospital?—I would call an institution capable of accommodating 250 patients a large hospital.

And what would you term a small one?

4213 Have you visited that part of the house?—Oh, yes, I have reported on it.

4214 And have you seen the floors, for instance?—Yes.

4215 Is it a wooden flooring?—No, flags.

4216 And having regard to the general condition of the women in that garden department, many of them suffering from a certain form of disease, and having regard to the condition of the lunatics, do you not think that accommodation very different from that which exists should be provided?—It would be a great advantage, no doubt.

4217 Mr. HURD—The cubical area that you mentioned—600 and 800—is it not much less than ought to be in use?—I mentioned the scale which was then proposed by the Poor Law Union Inquiry Commissioners as a minimum in such cases. That Commission set in 1876, and there were on it an inspector of the English Local Government Board (Mr. Andrew Doyle), Mayor the Hon. Frederick Le Poer Trench, and Mr. Sherrin Crawford. They examined many witnesses, including the late Sir Dominic Corrigan, and among their recommendations was one to the effect I mentioned, that the minimum cubic space for the ordinary sick should be 600 feet, and for infectious or lying-in cases 800 feet.

4218 But is that not very much under what is considered necessary now a-days?—Yes; but that was to be the minimum, and if it could not be provided in the existing workhouses, it would be necessary for the guardians to provide it in some other way.

4219 Mr. KENNEDY—You will be able to procure for us the information as to cubical contents at the North Union in the various departments?—Yes; I will see about it at once, and I shall furnish it to your secretary.

Mr. HOLMES.—But is this a question for a layman to give an opinion upon? I rather think it is one for the medical men as experts.

4220 The CHAIRMAN.—Alderman Harris has provided over a committee which inquired into these matters, and his opinion is therefore of value—(to witness)—would you have the medical staff elected by a board or how?—what do you mean by the appointments being "accessible only by absolute merit"?—I mean that one should be taken that there were on the board of control gentlemen who would appoint chiefly from merit, and not from any religious or political prejudice. That the medical staff should be simply chosen by merit, and not by favour, or from any one class.

4221 Would you consider it right that a grant should be given to hospitals managed by bodies entirely irresponsible to the ratepayers?—That is one of the questions that we had to consider in the Corporation, and we have been giving hospitals grants from time to time, although they are not responsible to the ratepayers. I am not prepared to answer that off-hand—it opens up a very big question.

4222 Can you tell us what was the basis adopted by the Corporation in recommending these grants—first how much do they amount to?—In our last report we state that the number of hospitals inspected was twenty, and the aggregate amount of the grants made by the Corporation for the then current year (1885), was £4,700.

4223 Now what is the basis upon which these were made?—Well, we had a return made of the number of beds in each hospital, and we tried to make the grants upon the basis of the beds occupied—the actual work done, but we found afterwards that that did not work, and we really gave the different amounts without any very precise rule, feeling in some cases that the institutions were worthy of support, and in others—some old hospitals—that they could not exist without it. For instance, Mercer's is an hospital that we did not find in a very satisfactory con-

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Albert W.  
Harris, J.P.

dition, and which we reported upon more than once, but still we gave it £300.

4330. Had you anybody to report to you as to the condition of the hospitals—I suppose you passed these grants upon the recommendation of some persons?—Of the committee appointed to deal with the question, which committee inspected the various hospitals—twenty in number it reported. We made a personal inspection of the hospitals ourselves.

4331. You did—before recommending the grants?—I will explain. That committee is selected annually in December for the following year. The grants were originally made some years ago, and have been practically continued every year since. There was no basis really upon which they were given. There was an anxiety on the part of the Corporation to support the hospitals generally, and the grants have been renewed each year with but little change.

4332. But do you not think that it would be more satisfactory if there was some intelligible basis to work upon—I quite agree that it would, but the question is full of difficulties which only appear when you grasp it.

4333. Mr. O'BRIEN.—Is it not the case, Alderman Harris, that the Corporation at one time adopted the method of satisfying themselves as to whether hospitals were working satisfactorily or not, by asking the governing bodies to have a member of the Corporation to represent them among the governors?—Yes, that was the case formerly. The Corporation appointed representatives on the board of each hospital, and their

business were accepted in every instance in a very fair spirit, but subsequently that was found to have its drawbacks, and not to work well either. The Council then appointed a special committee to take the matter in hand and to report to it, after inquiry and inspection, as to the working of the different institutions—how they are administered as to their nursing staffs, sanitary arrangements, and so forth, and that is the committee of which I was the chairman in the past year.

4334. CHAIRMAN.—Would it not be better that hospitals which from inherent faults or other causes have fallen in public estimation should be allowed to collapse, rather than be propped up by grants?—That is my opinion.

4335. And that is one of the ways in which you can consolidate the hospitals in Dublin?—Yes. But even as a layman I might be permitted to say that we feel there are many of the hospitals in Dublin that it would be a pity to interfere with, such as the hospitals carried out on purely sectarian lines like—and I am not now speaking in any invidious sense—the Adelaide on the one side, and the Sister Marys on the other. The Mater is not so exclusive as the Adelaide, but more or less they are both sectarian hospitals, largely supported by different classes of people, and I think it would be a great pity that anything should be done to interfere with their usefulness or the interest which is so practically manifested in them.

Dr. Charles B. Hall, M.D., F.R.C.S., examined by the CHAIRMAN.

4336. You are Surgeon to Sir Patrick Dun's Hospital?—I am, sir.

4337. Have you formed an opinion as regards the question of amalgamating Sir Patrick Dun's with any other hospital?—Well, in the first place, I have been deputed by the medical board of Sir Patrick Dun's, to lay before this Commission a resolution which was passed at a meeting held on the 19th December last, on the motion of myself, seconded by Dr. PARKE:—"The medical board of Sir Patrick Dun's Hospital are unanimously of opinion that any scheme of amalgamation of this hospital with the City of Dublin Hospital be supported, provided it can be shown that the joint incomes of these institutions can be so supplemented that an hospital capable of containing at least 250 beds can be established and maintained."

4338. A great difficulty in the way of amalgamation was supposed to be the objection of the medical staff?—So I conceived from the evidence given at this Commission. That was, as I gathered, the main objection.

4339. Are you aware of any other hospital in Dublin that has adopted a similar resolution to that you have just read?—By the direction of the medical board of Sir Patrick Dun's Hospital, I forwarded a copy of this to the secretary of the medical board of the City of Dublin Hospital, and I received a letter from him stating that they unanimously passed a resolution approving of our proposition, subject to some reservations which I have no doubt they will explain themselves.

4340. They wished the formation of an hospital containing about 250 beds?—Yes.

4341. But the income you have at present for the two hospitals would not be sufficient to maintain such an institution?—It would not. The joint income, as given in the report prepared for this Commission, amounts to £9,800 a year, or little over that.

4342. Then in order to carry out that amalgamation, something this Commission recommended it, how much would you require from the grant?—That is a question that I am not prepared to answer. It depends, as you will see, very much upon whether there is to be an enlargement of one of the existing hospitals, or the creation of a new one.

4343. What do you say in your joint incomes at

present?—A little over £9,800 a year. The City of Dublin Hospital has £4,741, and Sir Patrick Dun's, £4,809, according to the report before you.

4344. Mr. HODGINS.—But is that an income upon which you could fairly rely in future?—I merely state the figures that are given in this report before the Commission. I am entirely guided by that.

4345. Mr. KESSELY.—From what source is that income derived, Dr. Hall?—Dr. Haughton, perhaps, can tell you that better as a governor of the hospital. The establishment of such an amalgamated hospital could, of course, only be brought about by a substantial increase to the present joint income; and if any contribution of the Government grant is contemplated, these hospitals would have a strong claim for recognition, both for the amount of work done amongst the poor and for clinical teaching. Referring to the figures already given to the Commission, I find that the daily average of beds kept up in these institutions was—Sir Patrick Dun's, 69, City of Dublin, 70, as a total of 139, and yet, with only this number of beds, 196 students, or over one-fourth of the entire number of students attending general hospitals in Dublin, were educated. I am confident that if these hospitals, with their staffs, were amalgamated, it would be found productive of economy of management, increased public utility, and vastly improved resources for clinical instruction. It has, I am aware, been suggested to build a new hospital, with money derived from the capitalised Government grant, but I am of opinion that much more good would be done by amalgamation and consolidating the joint incomes of the hospitals so amalgamated, on the following grounds. The supply of cases suitable for teaching is only constant to those hospitals of proved reputation. Medical men through the country retain an interest in the hospital where they themselves were educated, and consequently recommend patients to these institutions, and similarly patients recommend their friends to the hospital where they themselves have been treated. In this way it takes many years for an hospital to acquire such prestige as to ensure a constant supply of cases, and if a large new hospital is constructed, it will be a long time before it establishes for itself a solid reputation. In the same way, the process of an

hospital as a teaching institution, is a matter of slow development, depending as it does on the ease for instruction, the capability of the staff, and the reputation which the hospital has acquired through the country. If these two hospitals were conjoined, they would still retain sufficient of their individuality to keep their connection both for patients and students, while the greater facilities afforded by increased size would tend to still further augment the class of students.

4245. Mr. O'REILLY.—Is there any room for increased buildings on the grounds of Sir Patrick Dun's hospital?—I think there scarcely would be sufficient room to make an hospital capable of accommodating 250 beds, without taking in some of the neighbouring land.

4247. I thought you had sufficient ground attached to the hospital?—Scarcely sufficient space to allow of that, I think.

4248. The CHAIRMAN.—Have any practical steps been taken by the board of governors since that resolution was adopted by the medical staff?—It was communicated to the board of governors and Dr. Haughton will, I have no doubt, give you further information on that subject.

4249. Mr. HOLMES.—Dr. Ball, if the new hospital had a first-rate staff, don't you think it would very soon make a reputation and attract students?—It would take a long time to do so. For instance, when Sir Patrick Dun's was established as a surgical hospital,

Mr. Butcher, then one of the first surgeons in Dublin, was attached to it, but it was a number of years before it made its reputation. That is proved by the number of accident cases admitted in the earlier years compared with the number in recent years.

4250. But you would hardly class Sir Patrick Dun's with the new hospital. Supposing there was a new hospital it would be a large institution equipped with all the best known modern appliances, and offered by first-rate men?—They would not be the same in point of size; but I just take Sir Patrick Dun's as an example. It was opened as a surgical hospital in 1847, and Mr. Butcher was appointed to it, in order to give the hospital prestige, at least I believe that was the idea; but it was many years before it attracted anything like the number of surgical cases that it has at present, and it has not increased in size. It is the same in point of accommodation, but its reputation has increased, and the number of cases admitted last year was over double what it was ten years ago.

4251. But assuming that all the conditions are favourable to the new hospital—that you had money to build it, and money to support it—possibly that is a Utopian idea, but supposing that you had—and a good medical staff, would it not in a short time attract a large number of surgical cases, and a large number of pupils?—I think it would be a long time before you would do so. It would require to build up a reputation first.

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Dr. Charles B.  
Ball, M.D.,  
F.R.C.S.

Rev. Samuel Haughton, M.D., F.R.C.S.D., recalled and examined by the CHAIRMAN.

Rev. Samuel  
Haughton,  
M.D., F.R.C.S.D.

4252. You heard the evidence of the last witness I think?—Yes.

4253. And have you got any remarks to make upon it?—Yes, but first of all I should state that I didn't appear here to represent the governors of the hospital—I have no authority to do so; I appear here to give my own opinions only. The unanimous resolution of our medical officers was forwarded to the Board of Governors of Dun's Hospital, and they passed a resolution—I don't remember the exact wording of it, but to the effect, that the governors of Dun's Hospital are periodically elected, partly by the College of Physicians and partly by Trinity College, and that these bodies would have to be considered if the question of amalgamation was entered into; therefore, the Board of Governors, when expressing, as a Board, no opinion on the question of amalgamation, they merely informed their medical officers that if amalgamation was to be considered with Baginbun or with any other hospital, the College of Physicians, in the first instance, as trustees of Sir Patrick Dun's estate, and Trinity College, on the other hand, as representing the largest medical school in the three kingdoms after Edinburgh, and whose students, as a rule, come to us, although they are left free by the college to go elsewhere should they so elect—that these two bodies must be consulted. It would also require legislation, whether in Westminster or the Bank of Ireland, in College-green, remains to be seen; but in either case it requires legislation, and the consent of those two bodies would be necessary. As far as I am concerned individually, I am in favour of amalgamation, if amalgamation were possible, and it would be possible but for the question of finance, concerning which I have grave doubts.

4254. You don't agree with what Dr. Ball said as regards the amount of joint income that would be forthcoming?—No, and I don't think the opinion of a medical man is the wisest possible on questions of finance.

4255. Then will you kindly give us the information?—I will, as far as I can. I have gone over the income of Sir Patrick Dun's during last ten years, and from all sources, including its lands in the county of Waterford, it did not average more than £3,000 to £4,000 a year. Baginbun-street Hospital maintains

practically the same number of beds, and I fancy its income is in or about the same—perhaps a shade more, about £4,500 per annum; but, suppose we put down Sir Patrick Dun's at £3,000 a year and Baginbun-street Hospital at £4,000 a year, that is only £7,000, and that very precarious, depending upon subscriptions and landed property.

4256. I was just going to ask the question, would not a considerable portion of that £7,000, at all events, be a rather precarious income?—Yes, very precarious; and that £7,000 is the very outside figure.

4257. Mr. HOLMES.—How much of that would you say is stable income?—I could not possibly answer that question save by another, "what is stable income now-a-days?"

4258. But I mean income derived from moneys invested or from lands?—Well, the gross total income of Sir Patrick Dun's estate is about £2,800 a year, but there are charges upon that—for instance, the College of Physicians get £200 out of it. I think our net receipts from the lands average from £1,500 to £1,800 a year.

4259. Mr. KENNEDY.—When you say that there are charges upon it, and one of £200 a year, what do you mean?—That is an old story.

4260. Then we won't go into it at any great length—but is that a plus or a minus?—In 1850 the College of Physicians, by the last, but one, of the acts passed by the Irish Parliament, were made trustees of Dun's estate, and got that charge of £200 a year on it.

4261. So that your income is how much?—Not more than £1,500 a year from the lands.

4262. Less that £200 to the College of Physicians?—Oh, no; the college deducts the £200 a year from the gross receipts for the payment of professors, and so forth.

4263. CHAIRMAN.—But you add the gross rents amount to about £1,800, and after deducting £200 for the College of Physicians, if you only received £1,500 there remains £600 unaccounted for?—Then there are expenses connected with the management of the estate.

Mr. HUTTON.—The income from the property has been overestimated.

4264. Rev. Dr. Haughton.—Mr. Hutton is the auditor of our accounts, and he knows best, of course; but what comes to us after deductions for charges in

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Rev. Samuel  
Haughton,  
M.D., F.R.C.S.

respect of the professorships and library under Dun's will, expenses, and so forth, is about £1,200 to £1,500 a year.

4265. Dr. *Myles* (Secretary).—It was £1,270 last year—that is the figure returned by the registers!—Yes, but I have taken an average of ten years. The rest of our income in Dun's Hospital, and in the City of Dublin Hospital, comes from Corporation grants, from subscriptions, and also from Trinity College, who kindly gives us the Lectur fees instead of pocketing them. We are allowed to regard that as a subscription to the Hospital Sunday contribution, but Trinity College might withdraw it to-morrow if she chose—I don't know that she will do so, but she might.

4266. CHAIRMAN.—And what do those fees amount to?—Something like £300 or £400 a year. The Corporation gave us £300, and private subscriptions make up the balance.

4267. Mr. *Hutton*.—There is some funded property also!—Yes, Dr. Barrett made a foolish will, and we benefited by it, and the late Dr. Fawcett made a wise will, and we benefited by it, but that is only about £200 a year. We have more sources of fixed income than the City of Dublin Hospital, but they are more successful in the begging line, and in getting up hospital balls, entertainments, and banners. They are very clever at that, and I admire them for it, I must say.

4268. The CHAIRMAN.—An institution having a fixed income is not, generally speaking, so successful in the begging line as you put it, as an institution having nothing!—No, that is just part of their policy—they say we are very rich, and don't require outside aid, and when we say we are very poor people won't believe us. I now want to give my estimate of what it would cost.

4269. That is an amalgamation of the two hospitals!—Yes, supposing there was an amalgamated hospital—that all the difficulties were surmounted, and that we had an hospital with 300 beds always full, what would be the income required. The result of ten years experience in Sir Patrick Dun's shows that each bed costs 42-3 pence per day, of which 16-4 pence is for the maintenance of the patient, or £64 a year total cost per bed. Now, dealing with that it is plain that we cannot cut down the 16-4 a day for the patient. No matter how big the hospital that is an item that cannot decrease, unless you starve the patients, and therefore the only variable item is the difference between the 16-4 and the 42-3, which would give us 25-9 to work upon. In my opinion there would be a considerable saving in the establishment charges—staff and so on—in working a large hospital so compared with a small one, and I would, allowing for that economy, put the total charge per bed at £50 in place of £64 a year, dividing that equally between the maintenance of the patient and the establishment, and other charges—what I have always considered a very fair principle to go upon—so that the 300 beds always full, and allowing for the improved economy in the staff would require £15,000 a year, and I can only see £7,000 forthcoming towards that. I don't see how this commission is to give us £8,000 a year more.

4270. Mr. *Kewster*.—The Commission cannot give you anything you know, they can only recommend!—Yes, and it would be a great risk, no matter how you put it. I for one should not like to see an amalgamation of these hospitals unless it gave us some kind of benefit of a large institution, having 300 beds. Am I at liberty to give evidence about Mr. Chance's scheme so far as it concerns Sir Patrick Dun's?

4271. The CHAIRMAN.—Yes, as far as it concerns Dun's—I will not touch the north side of the city at all.

4272. No; just so far as it concerns Dun's, please!—Well, all I say about Dun's is this: he proposes to boycott Dun's Hospital, and with it the oldest medical school in the country—Trinity College medical school. He proposes to leave us out in the cold; to amalgamate Beggar-street, the Meath, and that peculiar hos-

pital, Mercer's. That I object to in toto. It would leave Dun's still a small hospital, and that hospital the teaching-ground of the largest medical school in Dublin or in the United Kingdom, after Edinburgh. That must be opposed by Trinity College by every means in our power.

4273. Have you got anything to say upon Mr. Chance's general scheme?—No, I do not want to criticise it, but why should he have brought forward any scheme?

Mr. *Holmes*.—It is only fair to Dr. Chance, as he is not present, to state that he did not intend to boycott Dun's. His only meant to say that, in his opinion, four hospitals were sufficient for the hospital wants of Dublin.

4274. Rev. Dr. *Haughton*.—It would be perfectly absurd, in my opinion, to start two hospitals with 300 beds each so near to each other as the Mater, Materculle and Jervis-street. It would not be at all meeting the wants of the poor in Dublin. That alone, in my opinion, would put his scheme aside. The Mater might be one centre, but the other should be further up the river—near Kingsbridge. That would cover to any one on the view.

4275. CHAIRMAN.—In what way is Sir Patrick Dun's Hospital necessary for the existence of the Medical School of Trinity College?—The College of Physicians in the first place, and Trinity College in the second place, are the ex officio managers of the hospital. They appoint the whole staff—the College of Physicians the medical staff, and Trinity College the surgical staff—and we governors are only the representatives of those two bodies. We cannot remove a single medical man without appealing to them; they can remove a medical man as they can appoint him. But in that way these two colleges appoint all the medical officers of the hospital, and they contribute to the College of Physicians through Dun's estate, of which they are the trustees and Trinity College by these contributions which I have already mentioned.

4276. But that is not an answer to my question—There are over 200 medical students in Trinity College?—Two hundred and thirty, I think.

4277. And don't they attend other hospitals as well as Dun's?—Yes—we believe in free trade, so far as hospitals are concerned. But the largest number of Trinity College students attend Dun's Hospital, the next largest number go to the City of Dublin, the third to the Adelaide, and the rest are scattered over the other hospitals.

4278. You are quite sure that the majority attend your hospital?—Yes, I can furnish you with the figures if you choose. The returns are made to me by the 20th November in each year, and are printed for the information of the Senate Lectures every year. My recollection is that for years past Dun's has the largest number of our students, the City of Dublin ranking second, and the Adelaide third.

4279. Mr. *Hosmer*.—But what the Chairman asks is this—would not the Medical School of Trinity College continue to flourish even if Sir Patrick Dun's Hospital ceased to exist?—I think it would, and even if the Parliament in Westminster ceased to exist. We are depending upon our own exertions, and will make the best light we can.

4280. But, in that sense, Sir Patrick Dun's is not a necessity to Trinity College, though I should be sorry to see it abolished, I must say!—I should be sorry to say that anything is a necessity to Trinity College, as long as we have our brains to work with, but we don't want to be deprived of the advantage that Sir Patrick Dun's will give us, and it is a very important advantage to a medical school to have an hospital under its control. For instance, in the matter of certificates of attendance of students at hospital we have the greatest difficulty with hospitals over which we have no control, such as Mercer's, and we find it great assistance to have an hospital over which we have academic control and jurisdiction. In the old times we compelled Trinity College students to attend Dun's, but the le-



ture became dry and uninteresting, and we thought it better to expose the teachers there to the calumniating air of competition. We, therefore, withdrew the compulsory attendance at Dun's, and left it optional with the students to go to any one of the ten clinical hospitals in Dublin. The result was that Dun's Hospital vastly improved, and became more attractive to the students under the influence of competition than before, and now, as I say, it holds its place as the favorite hospital frequented by the students of Trinity College.

4281. CHAIRMAN.—The teaching improved there under the influence of competition?—Yes—it awakened the lecturers up a bit, and put them more on their mettle.

Mr. HOLMES.—I would like you to understand, Dr. Haughton, that Dr. Chenevix did not volunteer that scheme which he laid before us yesterday; we asked him to prepare it.

Rev. Dr. Haughton.—But why did you ask a man of such junior standing for his opinions?

Mr. HOLMES.—I will tell you why—because we were so much struck with the ability of the evidence that he gave on a former occasion, and thought so well of the scheme that he made for the north side of the city, that we asked him to prepare one for the south side also.

4282. Mr. KENNEDY.—What Mr. Holmes has stated is perfectly correct, but having regard to what you said assuming that scheme, I will repeat his proposition, and ask you what you dissent from it. He said:—

"I am strongly in favor, first, of large general hospitals, with special departments, as against small general hospitals and a multiplicity of special ones. My idea of hospital difficulties would be that there should be in Dublin but three hospitals—each containing 400 beds—one situated in the open ground on the northern boundary of the city, one situated in a similar position on the southern boundary, and a third in the centre of the city. I am forced, under present circumstances, to consider this view Utopian; but I should be anxious, in any rearrangement, to select such sites as would, in case of the growth of the city, or decline in the number of hospitals, as far as possible tend to the realization of this idea. Of these 1,200 beds, which I have shown to be a necessity, I would allot 300 to the Mater, 300 to Jervis-street, 300 to a new hospital on the north side, while the remaining 300 would be allotted among St. Vincent's, and Dun's."

4291. CHAIRMAN.—You wish to add something to your former evidence, I understand?—Yes. In the first place I have to state that we had a meeting of our board, and having considered the resolution passed by the medical officers of Sir Patrick Dun's, we were unanimously of opinion that, if it could be accomplished, an amalgamation of the two hospitals—concentrating the boards and concentrating the teaching power—would be an advantage. When I was here before, I thought it was an impossible proposition—I could not see my way to it, because I knew that Dun's belonging substantially to Trinity College, and the College of Physicians, had special interests of its own to take care of, and I did not conceive that its staff would come to share these with any other outside institution.

4292. But you are quite agreed that it would be desirable that this amalgamation should take place?—Yes; if practicable. We want more beds beyond all doubt. The demands on our hospital are enormous; we are always crowded, and our patients come from all parts of Ireland, as well as from the city, and the townships. We are able to put up about ninety patients and generally have eighty-five. The hospital has a reputation of half a century, and holds its own with any other in Dublin as a clinical school, while its situation is in my opinion most important. It occupies the same position as St. George's does in London—on the outskirts of the city, and in a quarter where beyond all question, hospital accommodation is required. I think it would be a great pity—considering the great demands upon it—and a great

4283. Now, if I understand your evidence aright, you are adverse to an amalgamation of Sir Patrick Dun's unless you get £15,000 a year?—Exactly.

4284. You say that you do not see your way to an amalgamation with the Baggot-street Hospital otherwise?—No—there is no use in providing amalgamated institutions if the funds are not forthcoming to maintain them.

4285. Perhaps that entered into Dr. Chenevix's head too, or perhaps he had some knowledge that that was the evidence you would give, and therefore did not group you among the amalgamated hospitals—but he did not boycott Dun's, or leave it out in the cold, as you suggest?—But he relegated it to the position of a small hospital compared with the Mater and Jervis-street, which, although comparatively close to each other, were to have 300 beds apiece, according to his scheme.

4286. You spoke of another large hospital near Kingsbridge?—Yes—taking the Mater as serving the other end of the city.

4287. Where Stevens' already exists, and I presume you are aware that Stevens' has refused to amalgamate?—I know nothing further than what I have read of the evidence given here, but I thought if one thing was more clear than another, it was that Stevens' and the Richmond were to be amalgamated.

4288. Stevens' refuses to amalgamate, and you say you would prefer not to amalgamate Dun's with a 300 bedded hospital, unless you had £15,000 a year to maintain it?—Yes, to maintain both.

4289. And how could a man prepare a scheme with such rocks ahead—he would have been a blockhead if he did not realize these difficulties, and on his proposals endeavour to meet them, as he has done?—By giving 350 beds to the Mater, and 300 to Jervis-street, the two hospitals being so close to each other—the proposal would not hold water or bear criticism for one minute.

4290. Mr. HOLMES.—Besides Dr. Chenevix certainly did not wish to keep up Mater's and the Meath, as separate hospitals—he wished to amalgamate them as a larger institution on the site of the present Meath?—Yes, by making it the new hospital, but I don't think Stevens' will like that.

Mr. Henry Gray Copley, Surgeon of the City of Dublin Hospital, recalled and examined.

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4295. At all events, so far as convenience of situation goes, Dun's is just as well placed as the City of Dublin Hospital?—Yes, and all I meant to say was, that if there was an amalgamation scheme carried out, we should not go too far away from that neighbourhood with the new amalgamated hospital.

4296. That never was contemplated—on the contrary, the suggestion was to enlarge one or other of the existing institutions, probably Dun's?—I never intended to convey that Dun's was not in a good position. I only point out that the City of Dublin Hospital is well situated.

4297. Mr. KENNEDY.—The fact remains, however, that your hospital is outside the city altogether; Baggot-street is not a city hospital, and would it not be well to bring it within the city, by amalgamating

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Rev. Samuel Haughton, M.D., F.R.C.S.

Mr. Henry Gray Copley.

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Mr. Henry  
Gray Cragg.

with Don's?—No doubt, and there was a suggestion at one time to that effect.

4298. To come within the city?—To come within the boundary. But we are not a stone's throw beyond it.

4299. Mr. O'Rielly.—There is no ground attached

to your hospital on which further buildings could be erected?—No, not sufficient for the proposed augmented hospital, we have built at the rear already, the Drummond wing, and there is no ground available there; but, houses could be taken in at either side.

Dr. George  
Sigerson, M.C.

Dr. George Sigerson, M.C., corroborated by the CHAIRMAN.

4300. You are a Fellow of the Royal University of Ireland?—Yes, and an Examiner in Nervous Diseases and Psychological Medicine.

4301. And you are also Professor of Natural Sciences?—Yes.

4302. Have you formed an opinion as to the comparative merits of large and small hospitals?—My opinion coincides, of course, with the general opinion of hygienists, that is to say, that vast hospitals are highly injurious. I consider an hospital from three points of view, in the first place as regards its administration; secondly, as regards clinical instruction, and thirdly, as regards its therapeutic use. Now, there is no doubt, that as regards administration, you can administer a large hospital more cheaply than several small hospitals. As regards clinical instruction, there is a great attraction to students in large hospitals because they believe that they have there a considerable number of cases gathered together, and that they can see them all with a very little trouble. That is not perhaps an accurate impression because they cannot see, with benefit, more than a certain number at any given time, and they cannot visit more than one or two wards with profit, if the wards be at all large, the result is that they have to make several journeys, and it would be the same if they made them to different hospitals. Then as regards the third point—that of therapeutic use, all experience appears to show that cures are more numerous in comparatively small hospitals than in large ones, and the question of the curative use of hospitals, is one which I think ought to be most emphatically brought forward, because there is a great tendency to exalt the importance of large hospitals.

4303. You have had experience of large hospitals in Paris, have you not?—Yes, I have studied in Paris the chief portion of my medical course, and the experience which has been gained by the Parisians after careful study is in exact accord with the opinion of hygienic authorities in England, America, and on the Continent generally. I might point out to you that in Paris you had first had down about a century ago by M. Temon—the conditions of a proper hospital with pavilions, that is a series of separate blocks, detached entirely or connected by external corridors. Take one of them—the Hôpital Lariboisière for instance, and what do we find; it is splendidly built, it has been called the *Veranda de la France*. In that hospital the accumulated experience of the profession was put into practice. It was erected in a large well-ventilated place; it is built in pavilions with gardens between, well aired, and not over-crowded, it is a little remote from the most crowded portions of the city, and in an elevated position with a certain desolity, nevertheless the mortality there has been greater than in the old hospitals. I have gathered together a few figures in relation to that which are highly instructive. You have the principal general hospitals, classified according to the number of their beds. First in La Pitié with 126 beds, the mortality during the decennial periods was 1 to 7.63 patients. Lariboisière has 634 beds, and the decennial mortality was 1 to 7.91 patients. Both of these hospitals I should mention are in favourable conditions as regards their sanitary position, they are probably the best situated. The Lariboisière I have already described; as to La Pitié some of its wards open upon the Jardin des Plantes which as you are aware is a large dry place.

4304. And in what district is the other?—The Hôpital Lariboisière is on the opposite side of the river.

4305. I know—up near the Northern Railway Terminus, but that would not be so good a position?—The place itself, with which I am very well acquainted is more open than any of the other hospital sites, and perhaps La Pitié. Then take St. Antoine. That is in an exceedingly crowded quarter of the city so you are probably aware, and was an old monastery or convent; it was not built for an hospital, and has not the conveniences necessary, having the corridor system which excludes portion of the wards from the light. It has 534 beds and the decennial mortality was 1 to 8.63. La Charité again is an hospital which is crowded on two sides by buildings and is in the centre of the city not far from the Rue de La Université. It is not at all such an hospital as one would desire as regards its position. Its population is 467, and the decennial mortality was 1 to 9.63 which is much lower, as you observe, than any of those I have enumerated, while the number of beds also is much lower. Next, the Necker has 445 beds and its mortality was 1 to 8.43. The old Hôtel Dieu had 438 beds, and a mortality of 1 to 8.63. It is scarcely necessary for me to mention that the old Hôtel Dieu was not regarded as an hospital fulfilling these sanitary conditions which we now deem essential. You had the buildings, dating from a tolerably ancient period, in certain parts lying upon both sides of the river and connected by a wooden bridge. They opened into each other, they were very much over-crowded, and the portion of the city in which they were is one of the most crowded quarters. The Beaujon Hospital which is also situated in a crowded district of the city, has 418 beds and a mortality of 1 to 8.63. Then we have the Hôpital Cochin, the number of beds is 187, and the deaths during the decennial only 1 to 9.59. It appears from this that notwithstanding the admirable construction of Lariboisière, and the excellent situation of La Pitié, the deaths have been greater during the decennial period in those hospitals, and the only point in which they appear to differ essentially from the other hospitals is the greatness of their patient population. On the other hand, in the hospitals which are worse situated but in which you have a less number of patients you find a less number of deaths.

4306. The date of those statistics, I suppose, is recent?—Yes—the last decennial period.

4307. What sort of an hospital is the new Hôtel Dieu?—The new Hôtel Dieu was built as a very large hospital and as a consequence of further investigation, they had to take down a story of the top of it in order to let in more sunlight. It is now considered, to a certain extent satisfactory, but the building is not regarded as quite meeting the desire of hygienists. With regard to general hospitals, it might not be fish to bring them into comparison with the others—it certainly would not. But it is instructive to some too that in the Hôpital des Enfants Malades with a population of 618, you have deaths during the decennial period of 1 to 5.46. They introduced the system of having a supplementary hospital at the seaside in connection with the Enfants Malades to which they send patients, and there the deaths are reduced to one in ten; but only the better class of patients went there. Then in the Hôpital St. Maurice with 3,081 of a population, the mortality was 1 to 5; but it receives old women of over sixty years of age, and numerous patients; it is not altogether a place for sick patients.

4308. Or accident cases?—No. They don't take accident cases there. But there are persons continually afflicted there also.

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4309. Have you considered the relative merits of large and small hospitals for maternity cases for instance?—Yes. These also have been the subject of a very considerable investigation in Paris, and the statistics obtained there are extremely instructive. We find for instance that in 1874, of the 6,084 patients treated in hospital 238 died, which gives one death to 25·4 persons, or patients if you wish to call them so, but they can scarcely be regarded as patients in the ordinary sense. Now of cases treated at domicile—at their homes by mid-wives sent by the Bureau and by physicians called in, there were 10,800, and of these only 18 died, so that that gives a mortality of one to 777. Then there is a system in Paris of what you may regard as cottage hospitals, provided over by licensed midwives, and to these cottage hospitals 2,129 women were sent in 1874, of whom seven died, or one in 318. In 1875, with about the same number treated, there was only one death.

4310. Is there anything further you wish to say on the question of mortality in large hospitals?—I wish just to add that Tarnier in Paris pointed out that taking the number of deaths in hospital in obstetric cases he found that they were seventeen times greater than occurred in the town outside, and M. Buisson, who coincides with Tarnier, says that taking not merely Paris, but all France, and all Europe, we get the following result—one woman in 39 dies in the maternity and hospitals, and only one in 218 dies when treated outside in their own homes.

4311. But I suppose the cases treated in the hospitals would be special cases very often, would they not?—I don't see that they would be special cases any more than the cases treated outside by the Bureau. The argument that the most severe cases were treated in hospital, would be good if they were only sent there when known to be more than ordinarily difficult, but women approaching pregnancy are sent to hospital before it is known that there will be anything unusual in their delivery. On the other hand, as regards those cases treated in the cottage hospital, there may be some cases for depressing the spirits of the patients and increasing the mortality.

4312. I think I understood you to say that you also thought small hospitals were better from a teaching point of view. Is that so?—I pointed out that vast hospitals were not of such advantage from a teaching point of view, as is occasionally, or perhaps currently supposed by students. But then it is necessary to state what we mean by large and small hospitals. There are some hospitals—that in Vienna for instance containing thousands of patients.

4313. We have taken for the purposes of this inquiry a large hospital to mean a building with 300 beds, or thereabouts?—According to the meaning of American hygienic writers a large hospital is one containing over 100 beds upwards.

4314. And what do you mean by a large hospital?—Well, I should say a hospital containing about 250 beds would be a large hospital, but a vast hospital is one that would contain over that number.

4315. Mr. KENNEDY.—And up to 3,000?—Yes. From four or five hundred up to 3,000. Those I would designate vast hospitals. In reply to your question, Mr. Chairman, I would say that an hospital of the latter size would be more advantageous for teaching.

4316. The CHAIRMAN.—That is to say an hospital where there would be about 100 beds?—Yes.

4317. Or less?—Well, I would scarcely say less than 100.

4318. And why do you think that an hospital of that size would be more advantageous for teaching than a larger one?—Well, in a large hospital you have a certain number of physicians and surgeons of distinguished repute. If you consider the position of a patient in a model hospital you will find that only a certain number of students can see what is going on, and you will find that in hospitals that are attended by a considerable number of students, the visit of the student is very hurried. There is a considerable

crowd and there is often a considerable crush, and all the students cannot possibly see what is going on. As a result there is a tendency to go about to the most extraordinary cases, and to be attracted by the most extraordinary and least usual diseases, and also there is a tendency not to follow the development of a disease from its entrance to the hospital through its various and varying stages which of course is the most instructive mode of following any disease. A large hospital would be more suitable for graduates in medicine—doctors who have already finished their course and who wish to observe some striking cases, or to make some special pathological study. In the smaller hospitals of course, where there is a competition, there is a desire on the part of the clinical teachers to give more time to the students, and the latter will have more time and more opportunity for having cases allotted to them for instruction.

4319. Then, a large hospital is, according to your opinion, advantageous from a scientific point of view—affording to men who have already obtained their diplomas opportunity for obtaining a greater amount of experience?—That is exactly my opinion—in large hospitals you have greater opportunities for studying pathology.

4320. Do you wish to add anything to that question of the comparative merits of large and small hospitals, before I come to the particular case of Dublin?—I merely point out that the opinion of Bouchardet and other Parisian authorities on hygiene is quite against vast hospitals. Bouchardet said that if he had to undergo a critical surgical operation he would rather suffer it in an attic on a trundle bed, with bread and water, than in an hospital, notwithstanding that every accommodation was provided and first rate operators, because there would be much more perfect isolation. And as regards obstetric cases Dr. Tarnier has succeeded in bringing in his plan—that is, to have small houses containing only eight rooms, four on each story, those rooms completely separated from each other, and opening out by windows and doors into the open air. These small hospitals are painted in oils, and each apartment is carefully washed and left periodically empty. Consequently all experience goes in favour of small hospitals. There are some even who consider that hospital work should merely have a temporary life of 15 or 16 years.

4321. Now, with regard to administration of the hospitals in Dublin, would you give us your opinion—first as to the Dublin hospitals which exist, do you think they are conveniently situated for the wants of the citizens?—The convenience of an hospital depends upon its accessibility, and Dublin is not so very large that access to hospitals is a matter of great inconvenience if there be proper means of conveyance. You have received considerable evidence from persons intimately acquainted with each subject, and I have little to add with this exception, that the Royal Commission on Prisons, of which I had the honour to be a member, made a recommendation of which possibly you are not aware—that is, we recommended that the convicts at Mountjoy should be transferred to Downpatrick and to Galway, and that the local prisoners, male and female, should be transferred to Mountjoy, which would probably leave at the disposal of the State the present prisons of Richmond, Brixton, and George Greenham. Consequently if you are anxious to have a situation for a new hospital on the south side that possibly might be obtained on the present site of Richmond prison. It has large gardens, it is well suited at present to contain about 250 persons, and though of course not adapted for hospital accommodation or purposes it could be made so.

4322. Then as regards the administration of the Dublin hospitals, do you wish to say anything?—If it be intended to reorganize the hospitals we have first to consider that the State grants a subsidy to hospitals, that being so the State has the right to exercise a certain amount of control, and therefore it would be necessary to have a board of supervision or super-

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intendence. Such a board exists for instance in the Parisian system, and is composed of a number of men who are nominated by the State, but who are representative men.

4323. Mr. HOLMES.—May I ask you, Professor Sigerson, whether the hospitals in Paris are supported by the State?—They are supported partly by their own estates and legacies, and partly by municipal subscriptions; about half and half.

4324. What do you mean by their own estates—how did they get those estates?—Some had been confiscated—estates that in former times belonged to religious establishments—and some were gifts and purchased with legacies.

4325. Was that confiscation within a late period—the property of the religious houses?—Oh, at various periods—at times of revolution.

4326. The CHAIRMAN.—A conversion of property would you not call it?—Yes—the conversion of property I should have said.

4327. Mr. HOLMES.—Do the public contribute voluntarily as they do here and in England, or does the fact that the hospitals are supported by the State prevent the public from subscribing?—The system is altogether different. You have the *Bureau de Bienfaisance*, which gives assistance to the poor in their houses. They are supported by voluntary contributions. An appointment is made on each quarter, requests are sent round, and each person is supposed to give whatever assistance they can afford. Then, as regards the hospitals themselves, there are no direct subscriptions, so far as I am aware, but there are occasionally large donations made, and sometimes an hospital built, as quite recently there was one erected for the purpose of receiving the decayed employes of hospitals. It was built, I may remark, during the lifetime of the individual who gave the donation. And that has occurred also with regard to some others.

4328. And I presume that bequests are very largely made?—I cannot say exactly to what extent.

4329. The CHAIRMAN.—As to the administration of the Dublin hospitals—you were referring to the Board of Superintendence I think when this division was made?—Yes, I pointed out that the Board of Superintendence in Paris was nominated by the State, but that it was composed of representative men—peffets, members of the municipal and other bodies, of the medical faculty of the hospital, physicians, and some lawyers and laymen. Now, in Dublin I think it would be proper to modify that. You might have a certain number of men appointed by the State, but it would be right that there should also be a number elected by representative bodies, such as the municipality, the universities, the training colleges, and the hospital medical students.

4330. Do I understand that you would desire to have a central Board of that kind, if it could be established for the supervision of the Dublin hospitals?—Certainly.

4331. Then, I suppose, such a board if it existed would have something to say to the appointments of hospital medical staff?—Yes. The system, as it at present exists, is a combination of the system of purchase, which has been abolished in the army, and the system of selection by favour which has been abolished all through the civil service and in the navy. Two remnants of the former regime still exist, however, with regard to the hospitals. Now, if the State contributes a certain portion of the finances for the maintenance of the hospitals, it might insist that a career should be opened to merit which is not supported necessarily by money or by favour. I desire to point out that in the French system, a student after his first term of studies may compete at once for a position as clinical clerk, or extern. Externs, after having served their term of office, or after one year, may compete and become residents or interns, for which they receive a small salary. Interns may aspire to a higher grade, and through free competition, generally, though exceptions have been made in some

special cases, they may become assistant physicians to hospitals, and ultimately hospital physicians. If the State does subsidise the hospitals here, it may fairly introduce that system which, to a certain extent, exists in those other services, and by so doing it would open the way to a number of meritorious students who are now looking elsewhere for promotion. At present you have the attractions of free and open service with their rewards for merit outside—in the civil service, in the army and navy, and in the Indian army, and the tendency of that is to withdraw many of our best and most meritorious students from the country, and of course as regards some of the minor appointments, men would not compete for them who could gain the higher appointments elsewhere, consequently you will not ultimately have as good a class of men attending on the poor in Dublin and the provinces as you will have attending upon those, who regard it less, perhaps, in the army and navy, and in India.

4332. On this central board which you suggested you give no representation to the voluntary subscribers. Would you allow them directly or indirectly, any representation?—Oh, certainly; that was purely an oversight.

4333. The appointments to some of the hospitals in Dublin at the present moment are made, it is said, on sectarian grounds—do you think that that is generally the case?—Well, that would be difficult for me to say. But whenever appointments are made by favour, of course favour may be guided either by motives of religion or by motives of inclination, and I should say that the sectarian question simply enters into the general question of election by favour. By introducing the system of examination, you imply that there shall be a jury of examiners. That might be very readily found in Dublin, where there are so many examining bodies, and it might be a representative body. Of course a large number of students might, or might not compete, in any case it would be very easy to fill annually vacancies in the lower and intermediate grades. The element of examination, above all others, affords an open career for merit, free from favour, and free from mercenary considerations, and it does not exclude the element of selection, because of course the number of appointments should be proportionate to the amount of subsidy granted by the State. If the State undertook the entire management and support of the hospitals, then it might introduce a system entirely of selection, but as it does not apparently so intend, all it should require would be a certain proportion, equivalent to the proportion of subsidy it gives to be arranged in this manner. You would then have the principle of appointment by examination, and that of appointment by selection both concurrently at work.

4334. Now, as regards the Union Hospitals, have you got anything to say, or any suggestions to offer?—I don't see why there should be so great a distinction as exists between the Union Hospitals and the general hospitals. Of course, in the Union Hospitals, you must have as a rule more chronic cases, a large number of the inmates being persons who have retired there for the purpose of spending their last days or years; but, I believe, it will be concerned in generally by some medical officers, that they have too large a number of patients under their care, and are therefore overworked and not sufficiently provided with proper assistants. Where you have hundreds, and sometimes thousands of patients crowded together, as they occasionally are to a very great extent, and only proper nurses to look after them, there is a very serious responsibility, and a great strain upon the mind of the medical officer during critical periods, and even generally, because it is simply impossible for one man constantly to keep his attention alive through a number of those wards where patients in all stages of disease may be found, and where very often the scene is far from inviting. Then the proper nurses may or may not carry out his directions. Altogether the system of pauper nursing seems a most extraordinary one to be allowed to exist in this or any civilized country. These men have not

been trained, and they have absolutely no encouragement to be trained. They unquestionably exert their liveliest, and even if sometimes by very severe labour, day and night. I have seen them actually dropping down with fatigue, but they receive no fee or reward. A fife in our gale is allowed to earn a certain small sum, which encourages him in well-doing, and when he is emancipated from his term of servitude, he has no such money to go out upon; but if a pauper nurse conducts himself well, and does his work well, he undergoes an amount of labour which the fife does not undergo, and he receives nothing whatever. He may break his health down, or may suffer from illness, but there is no hope held out to him—he is still clad in the pauper garb, there is no mark of distinction for him, and all that is given to him is by way of benevolence through the physician ordering him some extrinsic. The tendency of that, is of course, demoralising, because it tends to make unscrupulous persons look for payments. The whole system ought to be corrected, and pauper nurses abolished, the union medical officers being provided instead with clinical clerks, and trained nurses. It is, I think, almost a wonder that we should have large numbers of the poor people, whose sole dependence, and the dependence of whose families is upon their being rendered fit for labour, subjected to conditions which are antagonistic to their regaining their health, and the utmost that the physicians can do will not be sufficient if they have not that proper support in a thoroughly qualified staff, which unquestionably, should be provided for them.

4332. Mr. HOLMES.—If the union infirmaries had a sufficient and competent staff of medical men, would you say that they could be utilized for the purpose of clinical instruction?—Certainly, if provided with a sufficient staff, but that would involve of course an increase which would require a considerable alteration of the present system. Professors or clinical teachers might be allowed, with the sanction of the existing medical officers, to introduce their classes through certain wards, or perhaps some of the medical officers would undertake that work themselves, because in the Union Hospitals there are numbers of highly instructive cases—cases which a young practitioner would derive considerable advantage from, and which are not so often found in the general hospitals.

4333. Assuming that they had a competent and a sufficient staff, would you be inclined to admit accident cases to the union infirmaries, or would you say that those ought to go to the general hospitals?—That would depend upon their situation. There does not seem to be any reason, if you have a sufficient and competent staff, why accident cases should be excluded if they occurred in the vicinity. On the contrary, those conditions granted, I don't see why they should be sent any distance to a general hospital. Immediate relief in such cases is frequently, almost invariably of first importance.

4337. The CHAIRMAN.—Do you think that it would be advisable to have pay wards in an hospital?—That question has been very considerably debated, and must be regarded from more than one point of view. There is a medical hospital established in Paris for out-patients—the *Hospice Municipal de Saint*, which is a paying hospital. The patients pay from 2s. to 5s. a day.

4338. And that is also the case in London I suppose.—In some of the hospitals there are pay wards.—Yes, but it has given rise to considerable objection.

4339. It is the case in the small-pox hospital, I know?—Yes, and in cases of that kind—hospitals for special diseases, the system is not so objectionable; but if pay wards be established in metropolitan hospitals the tendency is for persons in the country, who are able to pay, to come up to those who have obtained a metropolitan reputation, and that would be injurious to the provinces.

4340. Injurious do you mean to the medical men in the provinces?—To the medical men and to the poor also, because it will take away from provincial medical men the paying portion of their patients, and the

result will be that, of course, the position of the provincial medical men will fall in value, and you will have an inferior class of medical men there in attendance upon the poor.

4341. It would injure country practitioners generally?—Yes, and while hitherto you have had some very highly qualified provincial practitioners in Ireland, you could not expect that to be the case under such altered conditions. At the same time it has been stated that persons well able to pay do frequent the hospitals, and get themselves introduced and treated as patients without payment, or sometimes that they do pay the medical men in the hospitals, that must be done however, if it is done, more or less surreptitiously.

4342. I was just going to ask that question, and is it not the fact that people who can pay do go to the hospitals now for treatment preferring to be treated there than at home, and give a donation to the hospital when they leave—have you never heard of such a case as that?—I have heard of the theory, and no doubt in certain cases it would occur. But there have been very many instances in which persons of good position obtain hospital relief without any idea of making any payment directly or indirectly. It was alleged some time since, for instance, that a gentleman of title drove his brougham to the neighbourhood of an hospital where he got out dressed in poor clothes, and received a prescription from the dispensary gratis; there are, therefore, men of different calibres.

4343. You would not be in favour of having your hospital so that persons of all classes should go to it?—I think it would be injurious for the reasons I have mentioned—at would tend to create a monopoly in the cities and towns to the detriment of the country at large. At present there can be no serious *de soust* established if necessary, but that might very well be left to individual effort.

4344. And you would have in no case pay wards?—Well, in cases of infectious diseases there might be pay wards—where it would be desirable for the public well that such patients should be secluded from contact.

4345. But not for accident cases?—No. In a place like Dublin with so many eminent surgeons, patients who can afford to pay might be treated at home, especially when you take into consideration the view of Bouchardet which I quoted—that he would prefer undergoing an operation in an attic than in an hospital. Experience shows that more patients die after operations in hospitals than at home, owing to secondary affections arising.

4346. Mr. HOLMES.—And in your view, that small hospitals are more conducive to the recovery of patients, in accord with the highest sanitary authorities in England and on the continent?—That is your view, as I have endeavoured to show, with which mine is in accord. The idea is that there should not be more than 100 patients under one roof, and in order to carry that out you have the system of Parisian hospitals established—detached buildings with only about 100 beds in each. Furthermore, according to the opinion of the Society of Surgery of Paris, published before the reconstruction of the *Hôtel Dieu*, they hold that each ward should contain only from fifteen to twenty inmates. Unquestionably it is the general view that the fewer beds the better; more especially in a surgical hospital.

4347. The CHAIRMAN.—There is one question I forget to ask; it has been stated here by several gentlemen that they considered Dublin over-hospitalled and over medical-offered; I suppose you would not agree with that?—That is a matter on which I can scarcely profess to form an opinion, because it would require that one should have a considerable amount of data to go upon. But I would say that in addition to the large public general hospitals it would be desirable to have some small special ones.

4348. Mr. HOLMES.—But, on you consider that no hospital for the purpose of clinical instruction should contain less than 100 beds, you would not be in favour

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of increasing the number of small hospitals, those with less beds I mean?—No, except hospitals for special purposes.

4349. I was not alluding to special hospitals, but to such an hospital, for instance, as Mercer's?—Well, as a general rule I would hold that about 100 beds ought to be present in a general hospital.

4350. And as I understood with the exception of the Mater Misericordiae and the House of Industry hospitals, there is no other institution in Dublin that has 100 beds.

Mr. KENNEDY.—Oh, yes, St. Vincent's and the Adelaide.

4351. Mr. HOLMES.—No, the Adelaide, according to the return prepared for us, has only eighty-seven beds, and excluding the Hospital for Incurables, which ought not to be included in the list, there are only three hospitals with over 100 beds occupied, the House of Industry hospitals having 150, the Mater having 160, and St. Vincent's having 135?—Oh, I am quite of opinion that there might be an amalgamation made of the different hospitals, and of course it would be for the Commission to consider what hospitals should be amalgamated having regard to their position and to the requirements of the population generally.

4352. If it were financially possible, would you be in favour of Sir Patrick Dun's and Ragget-street being united as one hospital?—I see nothing against it, remembering that their dual position is one which drains almost the same quarters of the city and suburbs.

4353. Of course if this grant were either withdrawn altogether or redistributed, it is quite clear that the House of Industry hospitals would be seriously affected, would in point of fact be obliged probably to close their doors. If that were to take place, we should then have on the north side of Dublin the Mater and Jervis-street hospitals, and on the south—excluding for the moment, Ragget-street and Sir Patrick Dun's—we have Stevens', Mercer's, and the Meath; would you be in favour of uniting these three and establishing a large new hospital to take their place, or would you be in favour, as Dr. Chazov suggested yesterday, of enlarging the Meath and making the enlarged Meath serve the purposes now served by the three hospitals which I have mentioned?—It seems to me that the Meath hospital rather tends to get surrounded by buildings, and if it were possible, it would be advisable to get a more open site outside that—such a site, for instance, as that now occupied by the Richmond Bridewell, which, as I mentioned, has large gardens, and a large open space, not likely soon to be invaded. If you recommended the amalgamation

of these three hospitals, which might be done with much advantage and convenience, you might have a suitable institution established on the site of the present bridewell.

4354. Then I gather that you would not be in favour of a site being selected for the new hospital in the neighbourhood of Christ Church Cathedral?—I think you might have a subsidiary small hospital there for accident and urgent cases. The question of cottage hospitals in towns, containing say from three to twelve or twenty beds, is one that ought to be considered in connection with the hospital question generally, because by establishing such small auxiliary hospitals in crowded districts you get rid of one element, which interferes with your erecting the large general hospitals in more desirable sites outside the city. It would be desirable, of course, for the convenience of people who are subject to accidents, to have a central hospital, but, on the other hand, from a hygienic point of view, it is not so desirable; but the two principles of hygiene and convenience might be harmonised by having outlying hospitals supplemented by cottage hospitals in central neighbourhoods, where urgent cases might be received, and first help given in accidents, and then, if necessary, transfer the patients afterwards. I may mention that I have pointed out to the country generally—in a pamphlet of which this (produced) is a copy—the advantages of cottage hospitals. Throughout the country, where epidemics are likely to occur, it is impossible to convey patients ten or twenty miles to the Union hospitals, and where some of these hospitals have been closed, as in the case in several districts of the west, the distance has become greater. If then the dispensary medical officers could establish cottage hospitals, when necessary, he might receive there, for instance, children who are first attacked to prevent an epidemic spreading, and he could receive accidents and give them daily attention; thus relieving a number of people who are now left to run all the risks of neglect, or face a long journey to reach the Union hospital. Cottage hospitals would be a decided boon in country districts, and the same observations hold good as regards cities or towns to a certain extent.

Mr. HOLMES.—Dr. Sigmund has expressed views in favour of small hospitals upon the sanitary grounds, which views are not in accord with those held by some of the medical gentlemen here present, and as they have had the opportunity of hearing his evidence, I think it would be desirable, Mr. Chairman, that you should ask them whether they would like to come forward and express their opinion.

Mr. WILLIAM THOMSON, Surgeon to the Richmond Hospital, examined by the CHAIRMAN.

Mr. William  
Thomson.

4355. Do you wish to make any remarks on the evidence we have just received?—If you please. I have had the advantage of listening to Dr. Sigmund's evidence with reference to the comparative merits of large and small hospitals, and as I referred to that matter yesterday, and bore testimony in favour of large hospitals, as opposed to small ones, I would like to make just one or two observations in reply to what he has said. He has attacked certain claimed advantages of the large hospitals, which he treated from three points of view. First, he dealt with the advantage with reference to cheapness of management—that we are all agreed upon; and secondly, with a claimed advantage, that of teaching—we are not agreed as to that. Of course I know it has been objected that it is not easy to carry on the teaching of a large class in a large hospital, but I explained yesterday that it is perfectly possible to solve that difficulty by dividing the class into certain workable proportions and handing it over in sections to so many members of the staff, three or four surgeons or physicians as the case may be. That difficulty is simply one of detail and arrangement, and could not possibly have

any weight as a permanent objection to a system otherwise of value. The more important question on which we differ is as to therapeutics and the treatment of patients in a large hospital as compared with a small one. I stated yesterday that admittedly the principle of small hospitals had been given up, and that the principle of large hospitals—as I showed by reference to England and to the Continent, is now recognised, and is being carried into effect. I may say that in spite of the objections which Dr. Sigmund has mentioned with regard to the Pansian hospitals and in spite of the alleged failure and increased mortality of the large hospitals there, a new hospital has been built and opened within the last ten years. I was in it last year myself, the new Hôpital Dieu. It is an enormous building. Dr. Sigmund says they had to take the roof off it, but that is a small matter—they have adopted the principle of large hospitals which has been in operation in Paris for so many years. If they had arrived at the conclusion that large hospitals were bad for the patients it is inexplicable, nay, to me it would seem foolish that they should set about building this additional large institution. But not only are

large hospitals the rule in France, the same principle has been carried out in England—in Leeds, where a large hospital has been recently erected on the pavilion system, in Norwich and in other towns, and within the last ten or twelve years, that enormous hospital in Edinburgh with its 600 beds has been built and opened. What I would wish to impress upon the Commission is that, if all this be true—that large hospitals are failures, that large hospitals kill people in larger numbers than the small ones do, it seems a criminal thing that men should continue to build these large hospitals in spite of all that. As to the question of increased mortality, there is a certain amount of fallacy in the returns and figures quoted. In large hospitals men very quickly get a greater reputation, for instance as operating surgeons. Take for instance a man like Hirsch, in an hospital with 5,000 beds; he is known not only to his own countrymen, but over the whole of Europe, and come to a man like that from every country, from all the world over patients go to be under his care, because they say the man who has such a reputation, and has performed such operations, is the best man to go to. As a consequence he attracts the very worst cases; cases that are in fact practically hopeless, and the result is that among that class of patients the mortality necessarily must be enormous. That is one way at all events, in which I would suggest that, even contrary to general principles, the mortality may appear to be larger in large hospitals than in small ones. With regard to the German hospitals, I have just this one point in my mind, and Dr. Duffy who is here, will I am sure give many other illustrations. Speaking of the mortality rates, I would put apart the fever hospitals and take the ordinary medical non-contagious and non-infectious cases, and the surgical cases. As far as these two groups are concerned, the greatest danger arises as we all know, from erysipelas, blood poisoning, and the various forms of septicæmia that may make their appearance in an hospital, and which spreading, kill patients right off. Now, in the hospital at Munich, up to a few years ago, Neubauer records that so large a proportion as fifty per cent. of his patients undergoing operations died in one year from blood poisoning, and that had to be spread over all the patients, and would increase the mortality returns of that hospital enormously. But here comes in a question with regard to surgery that will modify that mortality rate—the antiseptic method of treatment. Under that method Neubauer, who in one year had a mortality of fifty per cent. in his operations, simply extinguished all that, and in the next year had no deaths in his operation cases. I say, therefore, that so far as the large hospitals are concerned—excluding always absolutely contagious cases like fever, and dealing with the ordinary medical and surgical cases, the death-rate must be diminished now owing to the new method of treatment, and that precisely the size of the hospital cannot have any result with regard to those cases. Again, as regards the large hospitals in Paris, it is a notorious fact, as can be demonstrated from various official reports, that the sanitary arrangements in many of them are of the very worst character. It has been shown over and over again, that the ventilation is bad, that the drainage is bad, that the system of water closets is simply detestable, and if you have a large hospital like that with all these sources of in-

fection, of course you cannot expect to have good results. But these are perfectly removable faults, and it has been shown by the very best authorities in this country and in England upon hygiene, that so far as hospitals are concerned, the results do not depend upon the size of the hospital, but upon the way in which the hospital is constructed, and upon the efficiency of its ventilation, drainage, and general arrangement. Dr. Sigmund sets up the standard of 100 beds as that of a large hospital, he considers that anything over 100 beds is a large hospital. We entirely disagree as to that. I certainly would not call an hospital with 100 beds a large one in the modern sense. But he drew attention to two hospitals in Paris—the *Necker* and *La Charité*, which he regarded as small hospitals compared with other hospitals in Paris. They are so comparatively, but not so absolutely, even taking his own standard. One of them, *La Charité*, contains over 500 beds, and the other, the *Necker*, over 300, so that each according to Dr. Sigmund's own standard would be a large hospital, and they would certainly be larger than the standard that we modestly set up yesterday of a large hospital—300 beds. As to the teaching, Dr. Sigmund stated that in a large hospital the students would only see the very remarkable cases, which would naturally gravitate to them. I don't agree in that either, for this reason.—My own experience in Dublin is that where we have two hospitals, one comparatively large and the other comparatively small, the former has just the class of cases that the student wants to see. If you have only twenty surgical beds, and some of our city hospitals have less, the surgeons cannot afford to take in, for instance, a case of ordinary ulcer of the leg, or any other ordinary affection which the student must see and know, for they furnish a type of the class of cases that he will have to treat afterwards. A large hospital has the means, however, of taking in all these, and furnishes a general class of cases for the instruction of the students. The small hospital, not having the accommodation, must confine itself to picking and choosing its cases, taking in only those that are most urgent, most suitable for operation, and so on, but in the large hospitals we take in cases of all types, that will furnish instruction to the student, cases even that are far advanced and that cannot be operated upon, but which are good for clinical purposes. Therefore I say that the objection on that score also does not hold. These are the observations which occur to me on Dr. Sigmund's evidence.

4356. Mr. HOWARD.—This evidence is important, because if you cannot justify large hospitals on therapeutic grounds, they cannot be justified merely as institutions for clinical instruction.—Quite so, but I maintain that they are justified on therapeutic grounds, and that we can make out our case to that effect abundantly. If I had known previously that I was to give evidence on the subject today, I might have made a much stronger case, for I am satisfied that the authorities and all experience are with us; and the best proof we have of that is, that the principle of large hospitals is that which is still being acted upon. Whenever an hospital has been constructed of late years, you will find that it is a large and not a small one. Take the case of the Mater Misericordie, it is adding a wing now with 100 beds.

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Mr. WILLIAM  
THOMSON.

Mr. RUSSELL MACMURDO, M.D., F.R.C.S., examined.

4357. CHAIRMAN.—You are Professor of Materia Medica in the School of Surgery of the Royal College of Surgeons, Ireland 1.—Yes. I saw some evidence reported in the *Press* and *Journal* yesterday morning, concerning the Lock Hospital, to which I have the honour to be Senior Surgeon, and that evidence was of so smothering a character, and so entirely damaging to my hospital, that I think no time ought to be lost in refuting and correcting it before you. The evidence

to which I refer was that given by the gentleman who said "that institution," meaning the Lock, "was a disgrace to the city, or to any civilized community, with its bells and bars, and its infirmed patients like galley slaves." I have very much to thank him that he did not mention, or *inferre* or insinuate, the stult waste-ends, barred windows, and cells with their plank beds. I have been several years surgeon to the Lock, and I believe there are two bolts on the

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MACMURDO,  
M.D., F.R.C.S.

March 5, 1895.  
Mr. Randal  
McDonnell,  
W.D. T.E.O.D.

doom of that large hospital, and but two only. If that gentleman had as much experience as I have had in the treatment of this special form of disease, he would know that the vast majority of patients require, in virtue of the treatment they are undergoing, to be confined to their wards, and great numbers of them to their beds. But there is another very important reason why they should be confined to their wards. Two distinct classes of cases come into the Lock Hospital; first, those who have fallen but once, and who enter our walls but once; and secondly, the hardened sinners, women who have for years been making a livelihood by prostitution; we try to reform girls of the former class, and if we left the hardened sinners free to come through the hospital, they would take them beyond the hope of reclamation. So we separate them into first admissions and second admissions, and subsequent admissions, taking good care that the hardened sinners will not come into contact with these unfortunate women whom we have some chance of reclaiming. That is one of the reasons why they are kept separate. Then he says "its uniformed patients look gaily slaves." Now, I believe it is the common habit in similar hospitals, to have uniforms for the patients. Some of the very lowest of our men come to us, and are in such rags and tatters that we are obliged to put uniforms on them. It is unavoidable, but this uniform is simply an hospital dress. And if we allowed these wretched ladies from Mookenburgh-street, and so on, to flit about in pink wrappers and so on, it would be a distinct insult to the other patients who persevere in that life in the hope that probably they would arrive at similar distinction. There would be dissatisfaction in the hospital if our set of women were allowed to dress in their silks and satins, and another set required to don the uniform, so the authorities of the Lock have, very properly in my opinion, kept all the patients in uniform. Again he says:—"The patients, instead of being treated with the notion of criminality ought to be treated with humanity." I consider that one of the most serious charges that could be made on an hospital—that its patients are not treated with humanity. It is a direct impeachment of the Board, which numbers amongst its lay members Mr. Matthew Anderson, Mr. James William Murhard, Alderman Campbell, Sir James W. Mackay, Sir John Barrington, Mr. Edward Fotherell, Mr. Edward Hudson Kinahan, Mr. William Fendler, Mr. James C. Colvill, Mr. John Baggot, and Mr. Richard O'Shaughnessy, and amongst its professional members, Sir William Carroll, Sir George R. Owens, Dr. Hestonell, Dr. Cruise, Sir George H. Porter, Surgeon Smyly, and Dr. Wharton. If this Commission can believe that a Board of Governors such as that would tolerate inhumanity on the part of persons connected with that hospital, they are possessed of an amount of credulity for which I certainly did not give them credit.

4358. But is there not a difference of opinion amongst members of the Board as to the question of admitting visitors to the hospital and giving the patients more liberty of out-road?—I will come to that at once.

4359. I think when Dr. Fitzgibbon gave evidence here he was rather in favour of more liberty being given?—I will deal with that presently, but there is another point in this gentleman's evidence that I desire first to touch upon. He says—"They, (that is the patients), should have some Christianizing influence around them." Now I have here (produced) a table showing the usefulness of the institution as a reformatory for the moral reclamation of the patients, in conjunction with its primary object as an hospital, of curing the sick, and arresting the spread of physical disease. Of the 7,456 patients admitted during the ten years ending 31st March, 1895, no fewer than 417 were sent to asylums and penitentiaries, 156 were reformed and restored to their parents or other relatives, 82, rather than return to their former vicious course of life, sought shelter in the union workhouses, 259 were provided with employment in the laundry,

wards, kitchen, and other departments of the institution preparatory to being assisted to return to their parents, or to obtain situations out of Ireland, ten were recommended for situations outside the institution. That represents a very large proportion of the 7,456, and you will remember that that total does not represent 7,456 distinct individuals, because some came in more than once, and no fewer than 398 were infants at the breast, and children under fifteen years of age, nearly all of whom were found to be suffering from congenital syphilis. In the ten years 934 have been reclaimed in that hospital, and in face of such a record I think it is rather a strong thing for a gentleman to say that the patients should be subjected to Christianizing influences. We have there the most devoted Roman Catholic Chaplain I ever knew, the Rev. Canon Ford, who devotes his whole soul and energy to the reclamation of these poor people; the Protestant Chaplain, the Rev. Mr. Gibson, does the same, and they have the co-operation of the most Christian-like matron I ever knew, a person who uses all her moral influence to reclaim the patients. It is rather hard, I say, to state that our patients should be subjected to Christianizing influences with such facts as these staring people in the face.

4360. Are visitors permitted into the hospital?—Yes. As in all hospitals, special days are set apart for visitors. On two days in the week, from eleven to twelve visitors—that is patients' friends, are allowed in. But probably the visitors you mean, are religious and other ladies engaged in works of reformation.

4361. Yes, nuns or other philanthropic ladies?—I regret very much that they are not admitted, for that, in my opinion, would be a step in the right direction.

Mr. HOLMES.—I rather think it was to the absence of that class of visitors that Dr. Macan referred.

4362. CHAIRMAN.—Yes, and the whole place has a dismal appearance, there are no pictures about the walls—nothing to cheer or brighten the place?—But as to the patients being treated, as was intimated here, like brute beasts—

4363. I don't think that was stated or insinuated?—I beg your pardon, the charge was very strong, amounting to that, at all events by inference. The hospital is under the supervision of the Board of Superintendence, and Lord Powerscourt, the chairman of that board, has made this entry in our books—"The Board of Superintendence visited this hospital, February 16th, 1891. The institution seemed to be well cared for and in good order." But even if that board neglected its duty, we are also under special Government supervision, and the Inspector of certified hospitals, under the War Department and Board of Admiralty, Dr. W. H. Staggart, writing in the same book, under date of the 22nd September, 1895, says—"I have had much pleasure in visiting the wards of this Lock hospital, which I have found in very excellent order. The wards recently furnished at the cost of the War Department, are especially to be commended." I am rather shy at reading what he adds, inasmuch as it is complimentary to the medical staff, but you may read it, Mr. Chairman, should you so desire.

4364. Yes.—I have also inquired into the treatment adopted, as I have, in many of the cases, had great professional gratification in witnessing the marked success in some very severe and prolonged cases of constitutional syphilis. I had the pleasure of going round the hospital with Dr. Fitzgibbon and the Secretary, and certainly thought it was most admirably managed, but I quite concur in the remarks that Dr. Macan made yesterday—though not in the sense you put on them—that it would have a humanizing influence on the patients if visitors were allowed in there?—That is not his evidence, at all events, as reported in the *Freeman's Journal*. He said—"The institution was a disgrace to the city or to any civilized community," and I must be allowed to say that that was unavailing for, unprofessional, and unprovoked.

4365. Mr. KENNEDY.—You should have heard all Dr. Macan said before venturing upon that very



gripping condemnation—he pointed out, what indeed was made apparent to us by previous evidence, that no facilities exist in the Lock Hospital for patients communicating privately with their friends, whether orally or by letter, that they live in an atmosphere of restraint, and Dr. Mason certainly used the language you attribute to him, but not in the sense you put it. The meaning which I fully attached to his testimony, I will crystallise for you as briefly as I can—that it would be a great improvement to the moral condition of the patients frequenting that hospital, if your discipline could be so toned down as to permit of that amount of individual freedom which is afforded by other institutions of a similar character elsewhere—that under such changed conditions it might no longer be stated with truth, as was supposed to have, by one of your own staff, that the conduct of the inmates is as violent, and their habits so demoralised, that it is impossible to permit—even in a ward segregated from the other wards for the purposes of clinical instruction—the introduction of a class of respectable third or fourth year students to obtain that professional education which, unfortunately owing to the manner in which that house is conducted, young men are obliged to seek abroad—that by judicious reforms the reputation of your hospital would be improved, and the information sought for by the profession generally in Ireland would be obtained, and obtained in our own country. Further than that he did not go, and less than that no man could state with truth.

Mr. HODGINS.—And I think we were all agreed, even on the prior evidence concerning the Lock, that the condition of things existing there is not creditable.

4363. CHAIRMAN.—Here (in book produced) is a note of Lord Powerscourt, which you did not read?—That is with regard to the opening of letters.

4367. Yes?—If you saw some of them you would not question the propriety of the rule of opening them, and if they are not opened, how are we to know that they are not of an improper character.

4368. Mr. KASSIRER.—That is portion of the system that Dr. Mason alluded to. In the gale letters, we know, must be read by the wardens or officials before they are posted; but I don't think any hospital should be conducted in such a manner as that people of inferior position or authority should be allowed to pry into the correspondence or business of the inmates?—It is not a person of inferior position who opens the letters, but the lady superintendent of the hospital.

4369. I think the clergymen of their respective parishes would be the much more proper persons to interfere with the patients in that way, if, indeed, there is to be any interference at all?—I may say that personally I disapprove of the opening of letters; but it is only right that the Commission should know that Canon Ford, the Roman Catholic chaplain, is strongly in favour of their being opened.

4370. I don't think, since you have mentioned his name, that Canon Ford has any right to interfere with the patients, except those of his own persuasion. I don't see why he or any other person—and I speak as warmly on the subject in order that you may distinguish between the words spoken by Dr. Mason and the meaning which you as an outsider, not having been here, would attach to these words—I don't see what right anyone has to pry into the letters of the hospital inmates, or to so arrange that they can only see and converse with visitors in the hearing of some of your officers?—As to that, there is a great difficulty about people bringing in drink and so on, and it requires very great supervision to prevent abuse. But as to medical students not being admitted, I could thoroughly understand the necessity of it in a large city like London, but I am not aware that even there they are allowed to attend the Lock Hospital.

4371. Not the special hospital, but I think they have lock wards in the general hospitals, where clinical instruction is given?—I think not. In Liverpool

they had, but they were obliged to abolish them. The experience of those who know most about the working of such an hospital is that the introduction of students would be of the very greatest disadvantage.

4372. And would you be against admitting them to your hospital, then?—Decidedly, and allow me to explain why. The Westminster Lock Hospital is entirely supported by Government, not with the sole intention of curing those women—the Government is not a philanthropist—the object was very different. It was found that about one-fourth of the army in Dublin is invalided in consequence of this disease, and it was in order to try and stamp out the disease that Government supports that institution. If there is anything that will act as an obstacle to patients coming in it will frustrate that object of the Government.

4373. But, according to Dr. Donnelly, the resident surgeon, that object is frustrated in another way, owing to the discipline which rules in the house, patients, finding things so disagreeable, sigh for liberty, and leave before they are perfectly cured?—It is in the fact that patients have left before they were thoroughly cured.

4374. And don't you think that that might be obviated by more humane treatment; perhaps that, too, was passing through Dr. Mason's mind when he gave his evidence here?—Are you aware that while probably the visits of Dr. Mason to that hospital could be counted on the fingers of one hand, the visits of Mr. Macnamara extend over a number of years, and I deny that there is anything like inhuman treatment there as your question would imply. Quite the contrary, we treat the patients with every kindness and consideration. They have a diet better—twice as good as is provided in any other hospital in Dublin. They get, if they wish it, chicken, wine, everything almost as if in a hotel. There is everything to make them happy and contented. But there are several reasons which induce them to go out un cured, one of these will be probably illness at home, another is the illness of a friend, another is the income or the outgoing of a regiment. On such an occasion they will insist on going out un cured, and we have to explain exactly how they stand. No later than the day before yesterday there was a very nice girl who insisted on leaving, and I had to explain to her, "You are all but cured, if you remain in hospital for a couple of days longer you will be all right, but allow me to tell you that this is not a prison, and that I cannot keep you here against your will, but do let me implore of you to stop." That is how they are treated, and how Dr. Mason can state that there is a system of terrorism in that house passes my comprehension. I assert, as senior surgeon of the hospital, that humanity and kindness and forbearance is the rule; and as to dissuade for refractory conduct, I don't think that I can remember one case within the last twelve months.

4375. Does that not show how very easy it would be to deal with these creatures, and have the whole machine work smoothly, where you admit that in twelve months you were able to treat them without coming across one refractory patient?—But I assert that we do work smoothly and humanely and well as present.

4376. The CHAIRMAN.—I think there is no doubt that the dietary and all that is admirable in the Lock Hospital, but as I understand your evidence, you rather agree with Dr. Mason that it would be desirable to admit lady visitors there to make the place possibly more advantageous to the inmates from a reformatory point of view?—The point is there every day of his life.

4377. I know, but would not ladies have in very many cases considerable influence over those women?—No doubt, and I am quite in favour of religious and philanthropic ladies being admitted, but the person who objects most to that is Canon Ford.

March 5, 1867.

Mr. HODGINS,  
M.D., F.R.C.S.

March 2, 1886.

Mr. Rawlin  
Mansel,  
M.D., F.R.C.S.

4378. We want to have your opinion though!—Well, my opinion is certainly in favour of that.

4379. Mr. KENNEDY.—Therefore you agree with Dr. Macan so far?—That is not in the report of his evidence which I read.

4380. The CHAIRMAN.—Of course a summarised report, such as you read, could not contain all that was said; but you would be in favour of allowing lady visitors into the Lock?—I would.

4381. Mr. KENNEDY.—When you say that the patients get chicken and wine and other luxuries, of course that is only in isolated cases?—Whenever they require it, but their diet is most generous at all times.

4382. Do you know what that dietary costs per inmate?—On the average of the year—no, I do not.

4383. Mr. HOSKINS.—Would you be surprised to learn that it is less than that of any other hospital in Dublin?—I know that it is, and I have brought that fact under the consideration of the Board of another hospital with which I am connected, ever and over again. I am not speaking of the book, I know exactly what the patients get. The bread, for instance, is put before me in the board-room, and I am sure you have not better at your own tables. The same with the milk—it is excellent.

4384. Mr. KENNEDY.—You dispense in the ambulance—the diet of patients—about 5s. a week per head, and how can you on 5s. a week give wine and chicken and those other dainties that you mention, it is simply impossible?—I say it is possible, and that it is done, and it is for you to find out how it is done.

4385. On you may say 9d. a day per head?—It is done. I mark the diets and arrange whether a woman should go on low diet or be allowed extra—beef tea, wine, stout, or an egg. It has often surprised me that it is done so cheaply, but that it is done is beyond all question.

4386. Mr. ARMISTEAD.—What is the attendance of your Governors?—We generally have six or seven or eight at a board meeting.

4387. The impression left on my mind from some answers given by a previous witness was that the attendance of the Governors was very bad—that few of the Governors did attend?—Well, some Governors do not attend very well—one or two we very rarely see, but others do attend very regularly.

4388. Mr. KENNEDY.—I think Mr. Fottrell attends very regularly?—Yes, almost every board meeting. And Mr. Wharton, Sir John Barrington, Sir George Owens also attend very well.

Dr. George  
Frederick  
Duffy,  
M.D., D.C.,  
F.R.C.S.D.

Dr. George Frederick Duffy, M.D. D.C., F.R.C.S.D., examined by the CHAIRMAN.

4389. You are Vice-President of the College of Physicians?—Yes. I was asked to come here to give evidence regarding the proposed amalgamation between my hospital—the City of Dublin—and Sir Patrick Dun's; but as you have already received such evidence, I do not know whether the Commission require to hear anything further from me on the subject.

4390. Mr. HOSKINS.—Do you concur in the evidence which has been tendered with reference to the utility of that proposed amalgamation?—Yes, and so far as my knowledge of hospitals goes, and I have said a good deal of attention to the subject, most medical authorities are in favour of large hospitals in contradistinction to small ones. Therefore, I say, it would be desirable and advisable to amalgamate the City of Dublin and Sir Patrick Dun's, if it could be done on financial grounds. Mr. Simon, the Medical Officer of the Privy Council in England, and who is acknowledged as the highest authority in Sanitary Science, is altogether in favour of large hospitals, so is also Captain Dargue Galtier, who has been consulted in the building of all our new hospitals.

4391. Why do you quote him—he is not a medical man?—No, he is an engineer, and as I say is very generally consulted as to the construction of hospitals.

4392. Then you quote him as a sanitary engineer?—Yes, and there are many others that I could quote if I had opportunity. In connection with the John Hepburn's Hospital, which is an hospital that has been built in Baltimore, U.S., the Board of Trustees invited essays on this particular subject, and all those sent in, which are published in a book entitled "Hospital Construction and Management," were in favour of a large hospital. Surgeon-Major Billings, who is principal Medical Officer of the United States Army, and is so thoroughly conversant with the arrangements of hospitals in time of war, such as camp hospitals and vast hospitals, is altogether in favour of large hospitals, and objection to the small hospitals is based chiefly on the grounds of defective economy in administration or in management, and that there is a great loss in the amount of power required for their supervision and control.

4393. Mr. HOSKINS.—But Professor Sigerson based his objection to large hospitals upon therapeutic grounds?—Yes, and as to that I would state that I quite agree with what Dr. Thomson has said, and I also concur in his remarks concerning the objection as to the difficulty or supposed difficulty of teaching in large hospitals. Dr. Sigerson says a large number of students would gather in a crowd round a bed in a

large hospital, but they do the same in a small one, and the bed is the same one no matter whether it is in one hospital or the other.

4394. Mr. KENNEDY.—You misunderstood Professor Sigerson's evidence, I think. He says that in a vast hospital you would have a large number of students attending clinical lectures, and that in small hospitals the number would not be so great, which is obvious?—But there is no difficulty in subdividing the students in an hospital, and trusting them just as if they were attending so many separate hospitals, so far as clinical instruction is concerned. I think the crowding which has been spoken of is far more likely to occur in small than in large hospitals. Professor Sigerson's remarks were based partly upon death-rate, but that objection has been demolished thoroughly I think, in this city; and with reference to the maternity hospitals, it has been proved erroneous. Mortality altogether depends upon the administration and arrangements, sanitary and otherwise, of an hospital. I have got here (produced) the sixth annual report of Dr. Simon, the medical officer of the Privy Council, in the appendix to which is included a report by Dr. Bristowe and Mr. Timothy Holmes, on the hospitals of the United Kingdom, from which I might be allowed to quote some of their recommendations in answer to Dr. Sigerson's conclusions. At page 167, I read—"The general death-rate of hospitals affords no test of the relative salubrity of hospitals. The condition of a hospital death-rate is determined almost exclusively by the character of the cases admitted and by the rules or the practices which regulate their discharge. The variations of the death-rate due to hospital insalubrity, are confined within very narrow limits, and are wholly or almost wholly lost among the far greater variations dependent on the conditions above referred to," and the last recommendation, which is on the following page, is—"The health of hospitals, so far as we can ascertain, is influenced to a far greater degree by conditions belonging to hospitals themselves, than by conditions of external atmosphere, of site, of soil, and the like; and we may add the healthiness of hospitals is less dependent on the form and size and distribution of wards, than it is on ventilation, drainage, cleanliness, and proportion of inmates to space. A hospital of defective construction may, by careful attention to these latter conditions, be rendered even in a large town comparatively healthy; and a hospital built on the most approved plan, and occupying the choicest site, may be rendered in the highest degree unhealthy by their neglect."

Professor Sigerson spoke a great deal about the high death-rate in the French hospitals, but, sir, these Commissioners, who also visited all the French hospitals—and I speak from some knowledge of them myself—have also dealt with that branch of the subject very clearly. The Parisian hospitals, as the Commissioners state, are very much overcrowded, and in the hospital, St. Antoine—one of those mentioned to-day—they found that a corridor, never intended, and quite unsuitable for hospital purposes, had been converted into a ward at the time of their visit. Another statement is (p. 787)—“A comparison between the figures from the Hôtel Dieu, La Charité, and La Pitié (which are all large hospitals, containing a great number of sick aggregated under one roof), and those from Les Cliniques and Cochin, and Lariboisière (of which the two former are small hospitals, and the latter accommodates its sick under separate roofs), will show how little support is given by statistics to the assertion that there is any proved danger in accumulating more patients than 100 under one roof, or any proved advantage in the opposite course.” Again, it is quite clear that the causes of the high mortality in the French hospitals are due to defective cleanliness and ventilation. They say—“We believe also that the experience of the Parisian hospitals shows beyond question how slight is the importance of such details as the site, the shape, the arrangement and the site of the hospital, in comparison with the chances of cases which it admits, and the provisions for ventilation and cleanliness.” They also say “As to the healthiness of this hospital (the old Hôtel Dieu) it seems to be rather much above our mean below that of other Parisian hospitals. In all of these hospital diseases are common, and cases of grave surgical operation do badly; but the published statistics do not prove that this is the case at the Hôtel Dieu to any greater extent than at the other hospitals.” One other hospital—Lariboisière, was quoted as furnishing a high death rate; but from this report it appears that “the windows are opposite each other, and between each two windows are a pair of beds rather close to each other,” that there is an elaborate system of ventilation in use—which like all other elaborate systems does not work well; that the walls are not satisfactory; that the latrines are “harshly offensive;” and that “in spite of the beautiful appearance of the wards, and all the other parts of the hospital are not found satisfactory.” I think these are the chief points that were mentioned in Professor Sigerson’s evidence. As regards the relative conditions between large and small hospitals, I find that, at page 493 of the same report—“We believe that what we have said above is sufficient to show that such edifices—(that is small hospitals)—are badly fitted for the purposes of an hospital”—they specially refer to hospitals like so many of our Dublin hospitals which were not built as hospitals, but which either resemble or actually were large private houses—“unsuited as a place for the reception of large numbers of sick cases, constantly resident in the wards; and that if acute cases are to be treated with all the success possible, or, which is the same thing, if the best possible medical treatment, that first and most essential requisite, is to be assisted by all the aids which experience has suggested, some more efficient arrangements for the ventilation of the whole building than are ever found in private houses must be adopted.” Mr. Simon himself says—(in note to page 67)—“So far as my present knowledge extends, I have every reason to believe that, subject to the qualifications I have stated”—(sanitary, ventilation and cleanliness)—“a given number of patients may dwell under one roof as safely as under several roofs.” He also states in another place how deceptive are the statistics derived from cottage hospitals. “English rural hospitals—

(he says at page 73)—have acquired, on false grounds, a reputation for comparative healthiness; by their regulations, their practice, they receive habitually a far less serious class of cases than is admitted into the hospitals of London and other large towns; this difference in the quality of the practice is much greater in respect of medicine than of surgery, but is considerable even as regards surgery; the result is, marked lessness of death-rates, even (in many cases) in the presence of a high degree of hospital insalubrity.” That was the conclusion of the reporters upon which Mr. Simon observes, “Notwithstanding this difficulty, however, it may safely be assumed as certain, that, where there are true differences of salubrity between two different places, hospitals, at those places respectively will, *ceteris paribus*, have corresponding differences of success.” I should like, sir, to make one observation as regards the medical staff of these hospitals. Professor Sigerson referred to the appointment of the assistant physicians and the assistant surgeons, and also to the system of purchase which was incidentally alluded to as connected with the army. Arguing also upon the same basis, I think it would be very desirable if hospital physicians and hospital surgeons should be required to serve their connexion with hospitals at the termination of twenty-one or twenty-five years service, and that plan is followed in other parts of the kingdom; a man after that length of service must, to put it mildly, be less vigorous, and his retirement would give room for young blood—young physicians and surgeons as the case might be—to come to the front. At present, there are a great many physicians and surgeons to the Dublin hospitals who have held office for a very long period—some of them for forty years.

4390. The CHAIRMAN.—Would you be in favour of the managing committee of an hospital having power to re-elect surgeons or physicians at the end of fixed periods, say of seven years, so as to afford the opportunity of not retaining them if they are not efficiently attending to the duties of the hospital?—I am not aware, sir, that that power does not exist. Of course different hospitals are differently worked, but in the City of Dublin Hospital, for instance, the only way in which a physician or surgeon can cease his connexion with the hospital is by the unanimous vote of his colleagues on the Medical Board. I cannot speak of the system in other hospitals.

4391. The rule, so far as we know, with the hospitals is that the medical officers, physicians, and surgeons, have fixed terms, but if new rules were to be made, would you think it expedient that, at fixed periods, the appointments should be reviewed?—Well, I really would not like to give an answer to that question. I have not considered it beyond what I have stated, that a man should be retired after twenty-one or twenty-five years service.

4392. Mr. KILPATRICK.—Put it this way, taking the provision in Dublin as being a very numerous one, and bearing in mind that an hospital appointment is valued—as stated yesterday by an owner in possession, at from £10,000 to £15,000, don’t you think that with so many professional men of decided training, education, and aptitude, who are physically excluded from all hospital experience, it would be only just to them that persons after spending seven years or so in a position of that enormous advantage, should, returning to themselves the power of revisiting the hospital for the purposes of educational pursuits or advancement—make way for others to come forward, and fill the office as they had done, for seven years?—Well, I think that seven years is too short a period, but it was to stop the glut in promotion that I proposed men should be retired after twenty-one or twenty-five years service in hospital.

April 2, 1867.

Dr. George  
Fosterick  
Duffin,  
M.B., F.R.C.S.

March 2, 1881.

Dr. Sigerson.

Dr. Sigerson recalled and examined by the CHAIRMAN.

4398. You wish to supplement your evidence, Professor—Yes, in reference to the statements of Dr. Thomson and Dr. Duffey, who have entirely mistaken some of my observations. Dr. Thomson referred to the continued building of large hospitals as tending to show that that system was the best, and took as an illustration the *Hôtel Dieu*, in Paris. But the *Hôtel Dieu* was not built on the recommendations of the medical authorities of Paris, but by the Administration, and owing to the fact that it was built in that way, they had to demolish not merely the roof, but the upper story, and lower it. And, of course, the ground in Paris being extremely valuable, and the space restricted, as it is indeed in all large cities, you cannot expect the very best or the most ideal hygienic plans to be carried out. They must make a certain amount of sacrifices. This applies to large hospitals elsewhere. Unquestionably in large towns where you must have large hospitals, the Pavillon system helps to do away with much of the risks which surround large hospitals. Dr. Duffey referred also to the Parisian hospitals, and with reference to the report which he quoted from, I quite agree with what they say as regards the elementary conditions of hygiene necessary in hospitals, but I don't think it was required to quote these reports to prove that such elementary conditions are necessary, seeing that all are agreed upon them. But the hospitals I have already cited, and given the statistics concerning, show that in the smallest (Cochin) the mortality is only 1 to 2-30 patients, while in one of the largest, St. Antoine, is 1 to 8-63.

Dr. Duffey.—I showed from the commissioners' report that St. Antoine is unfavorably circumstanced, and that the accidents are sometimes used as a wand.

4399. Dr. Sigerson.—I quite agree with that.—I mention that the corridor does run off a certain portion of the works from the light at that side; but I find that in another hospital which was overcrowded, ill constructed and situated in the most populous and poorest quarter of Paris, you have a less death rate than obtains in the *Lariboisière* or *La Pitié* both of which were constructed on far superior plans, and situated in more open spaces, and in quarters which are not so poor. *Lariboisière* is situated in a large open space, and is a "palace of poverty," as the French term it, and *La Pitié* overlooks the *Jardin des Plantes*, but in each you have a far higher death-rate than in the old *Hôtel Dieu* and other hospitals which were placed in more crowded and unhealthy quarters, and without the advantages which the two hospitals I have mentioned possess. Now, as regards ventilation. The ventilation of *Lariboisière* was conducted on the aspiration and propulsion system. I am intimately acquainted with all the hospitals I mentioned, and there is no obvious conditions of difference of that kind, but if the ventilation was to be held accountable for higher death-rates, what would there be in other hospitals—in St. Antoine for instance, where you have one side of the wards cut off altogether from the windows and air, and practically no system of ventilation at all? All those elementary conditions of the premises have been considered with the most exact care by French observers, and it would be considered a humiliation and a disgrace for men in the high position of hospital surgeons and professors, to overlook such simple things which would lead to failures like these.

4400. Mr. Holmes.—But, Professor Sigerson, how do you account for the fact, that notwithstanding that these statistics show the death rate is higher in the large hospitals, all the foreign nations seem still to be in favor of large hospitals?—There is perhaps a qualification to be made there. If you take for instance the authorities upon hygiene, you will find that Parker's work on hygiene is the standard authority for Great Britain, Barker's for America, and Levy's for France, and those three works quite coincide with the views

which I expressed. Dr. Duffey referred to America, and to the John Hopkins' hospital, and to the essay published in that connection on hospital construction and management. But in some of these principles are extended, which make rather for than against his contention. For instance Billings, who maintains no doubt that a large hospital is desirable, advocates the barracks system, that is a system of temporary wards living an indefinite life, so to speak, of from ten to fifteen years—wards which might be destroyed at the end of that time; and you find that Dr. Martin, the Surgeon-General of United States Marine hospitals, which are very important, lays down the opinion that "the old magnificent hospitals will be abandoned for simple pavilions of indefinite duration, say from ten to fifteen years according to service." Dr. Brown, of Boston, who wrote the article on hospital accommodation in Barker's hygiene, says, war may call for massive hospitals, but modern investigations show that moderate sized are the best, as they more nearly approach the home life, which gives each patient the best chance of recovery. And again he says—"While larger hospitals offer greater advantages for clinical instruction and give more credit to officials connected with them, the smaller establishments are without doubt more advantageous to the patient." These are the views held by the sanitary authorities in America. I have already stated the views of the sanitary authorities of France, and you will find in Parker's manual of hygiene several arguments and criticisms in support of exactly the same view. But I wish to point out that Dr. Thomson, scarcely followed the drift of my observations in part of his statement. I said the Americans regarded establishments of 100 beds as large hospitals, but I did not confine myself to that opinion. Dr. Brown says a cottage hospital would have from three to twenty-five beds, a medium sized hospital twenty-five to 100 beds, and a large hospital from 100 upwards—to an indefinite number. Now, I consider that you might have 100 beds as the minimum for a large hospital, and that 250 to 300 would be quite suitable, that being the size recommended by the Paris Society of Surgery. But you have on the continent vast hospitals as in Vienna where you have more or less a military form of government, and where the poor are required to go into the hospital, not for the purpose perhaps of producing the best therapeutic effects, but for the purpose of securing a greater certainty of material for clinical instruction. If you investigate the situations of the Vienna hospital which drew men from England and America, you will find that they are not such conditions as you would recommend. For instance women there after their accouchement are required to act as wet nurses in the hospital for children, and must remain there for a definite period.

4401. Then it is your opinion, as I said a few minutes ago, that unless you can justify large hospitals on therapeutic grounds, they ought not to be justified upon the principle of clinical instruction?—Quite so. That is the principle which I support and which there is a danger to overlook by those interested in the management of hospitals, because they wish to show as fine a building as they can according to their means. At the same time hospital physicians and surgeons very naturally desire to have a large and fine building.

4402. Am I to take it that you would not object to a hospital of from 250 to 300 beds as being too large upon therapeutic grounds?—I should say that I would consider such a hospital desirable, or a few such hospitals possibly desirable. And I would add that that is a view which I already mentioned, seeing that I suggested that you might have such hospitals in a hygienic position of desirable quality, such as the site of the Richmond Bellevue, if that ever comes into the market, and that you could supplement these by two or three small cottage hospitals in central parts which would act as feeders for the larger institutions.

and receive accident and other cases requiring first help. By the existence of such cottage hospitals you would render the placing of two large hospitals in outlying sites possible.

4403. The CHAIRMAN.—But could you have a staff sufficiently good at these small cottage hospitals to attend to accident cases, in a hospital with twelve beds I think you mentioned as an auxiliary?—A cottage hospital might range from three to any number of beds. Of course you might require to modify the system a little, but a dispensary doctor is liable to be called to attend an accident case at any time, under existing arrangements, but he has no place to put the patient. He may have to give him shelter in some outhouse, or some shed, or some tenement building. Suppose the case cannot be removed to hospital, he has to deal with it where best he can. But under the sort of things I suggest you give him a small hospital where he can place the patient temporarily, then after giving him "first help" he might be transferred to the larger hospital, or in any event he could call in whatever experienced aid he required. He would be no worse off, but on the contrary much better off than under the present system.

4404. Then it is under the dispensary doctors you would have these cottage hospitals?—That would appear to be the most natural arrangement at present, but in Paris they have introduced another system. They have at each police station a list of doctors who may be called upon at any hour to give aid. From want of little centres dotted here and there throughout the city you cannot remove the large general hospitals to more healthy and salubrious sites in the suburbs; but if you had these small hospitals in which to receive patients, diagnose the cases, treat them for a day or two, and then transfer them, it would be otherwise. You could then have the large hospitals where you choose.

4405. But it is desirable in the case of an accident say, that an experienced surgeon should see the patient at the earliest possible moment. I presume, and if the dispensary doctor dealt with such a case and that it was afterwards transferred to the regular hospital, would it not be detrimental to the interest of the patient to have him undisturbed and so forth?—Well, that may occur at present, and you put neither the patient nor the surgeon into any worse condition, but you give them elements of a better condition, because as I stated if an accident occurs now a doctor is called in—he may be the dispensary or any other doctor—and he must give some assistance to the patient, if the patient probably is to live, then he is transferred to the hospital or left in the house if he cannot be transferred. Manifestly he would be in no worse position if a cottage hospital were established for his reception and treatment, but he might be in a considerably better position. Then suppose you had cases of infectious diseases arising, it might be possible to isolate these—children attacked with scarletina for instance—in a cottage hospital, and thus prevent the spread of what might prove an epidemic, and by having them in the immediate vicinity of their homes, you would prevent that dread which parents have of parting with their children, and which at present causes them very often to conceal disease. That I know is very often the case in the country districts where children are rarely ever sent into the Union hospital, a distance sometimes of ten or fifteen miles.

4406. Mr. KENNEDY.—And there would be no difficulty with telephonic communication of summoning the services of the most eminent men in the large hospital, if the doctor who first saw the patient found that his was a grave case?—Quite so.

4407. The CHAIRMAN.—How long has the antiseptic method of treatment been in operation now? Dr. Thomson mentioned that in surgical cases it had enabled them to surmount some of the difficulties that formerly existed in large hospitals?—Yes, chiefly with surgical cases, which are those with which Dr. Thomson has principally to deal. It has been quite a recent improvement which has gradually worked its way so that

you cannot give any very definite date to it, but it is within the last few years.

4408. But do not the majority of medical men think that they have by that means got over the difficulty of large hospitals—in some measure?—Well, that would deal chiefly with cases of surgery. Of course it secures the isolation of the wound, but that isolation might be probably more effectively secured by complete separation, if that were possible, and one of the depressing elements—organic matter—which sometimes leaves the system where you have an aggregation of human beings suffering from diseases would not prevail in smaller wards. Suppose you accept the germ theory; these germs are formed somehow; but they will find a favourable nest for themselves in depressed circumstances, and they may be present in the air. I have found, for instance, in microscopic examinations on the atmosphere, which I have made, and which have been quoted in these manuals that I mentioned—a considerable quantity of detritus and cells in the atmosphere, and these are complicated by decided excretive matter in the hospitals, and are operated upon. You may have a very excellent system of ventilation, but these will adhere to surfaces. You will find that windows get, for instance, dirt upon them, and you will find if you examine that dust that it is composed to a certain extent of organic matter. The danger arising from that is multiplied where you have crowded numbers of patients, and that danger does not exist to the same extent in small hospitals. The antiseptic system, which has done excellent service according to most men, would not completely get rid of that danger either; would attack the general system, if it has any influence whatever. Then, I might add, with regard to teaching in large hospitals, that in these you may have a few men of striking reputation, and it would be impossible to distribute the students amongst other men of less striking reputation, because the students simply would not go—they would gather round the best men, or those with the best reputation. And, as a matter of fact, that is the case in all large hospitals, you find the students following certain professors or teachers like congregations.

4409. Mr. HOLMES.—Are you in favour of the members of the medical and surgical staffs of hospitals holding their appointments, as is generally the case now, for their lives, or would you appoint them for fixed periods?—I think there should be a time at which supersession should come, or a time at which they might retire from the more active duties and become consultants. It might be perhaps perilous to withdraw men completely who had gained great distinction in their profession, and whose experience would be simply invaluable.

4410. And the supply of really first rate men is not very large?—I think that owing to the attractions of the services which I have mentioned, and the free and open competition which always has in itself an attraction for men of independent mind and men of pure merit, that the supply of first class men will probably tend rather to diminish than increase.

4411. CHAIRMAN.—Do you think it would be judicious in appointing members of hospital medical staffs to appoint them, say, for seven years, or any fixed period, and to allow the managing committee to reappoint in case they are thoroughly efficient, or not to reappoint if they did not prove themselves efficient?—I could not take upon myself to specify the time, but I think that element of reappointment should come in at a time, say, not before some given number of years.

4412. Mr. HOLMES.—But a really first rate man might object to hold office on such an uncertain tenure?—But if you have a maximum period of office, say seven or ten years, and decide that after that expires the question of reappointment shall be considered, then he could not object—when the rule was general.

4413. But would you be in favour of any such rule yourself, because your opinion will carry great weight?—That is a question to which probably I have not given a sufficient amount of attention. It is a question,

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too, which should be determined so much by variable factors that you cannot lay down any strict or sufficient principle with regard to it.

4415. A really first class man might fail to be re-elected, not upon the ground that he had failed to give satisfaction, but because there were intrigues against him, which worked successfully. That magnanimously might be the case. I would myself prefer to adopt the Parisian system altogether. Everything there is open to merit. You have to introduce the element of examination at the first stages—there is no other means of having an impartial admission to the ranks; then you have the test of practice and experience, and in that you may introduce selection, where you have an impartial central body, such as I would say the Board of Superintendence ought to be if constituted as I have suggested. Then these men hold office for life, or until the time of superannuation comes, and the result is that you have in various departments the most efficient men in the world. It would certainly be no advantage either to the teaching or to the patients if you, at the end of seven years, for instance, deprived a man like Corrigan or Stokes of his power of continuing his instruction and hospital service, in order to appoint some young man who had been, perhaps, a pupil of the other, and a very much inferior person.

4416. Mr. KENNEDY.—Would you approve of allow-

ing a man after, say ten or fifteen years, to be put into a position different from that in which he began, so as to make way for younger men to be induced. You heard the question I asked Dr. Thomson, my view is simply to open the door more frequently for young men to gain hospital experience and promotion, than it can be opened under the existing system?—Without depriving existing men of their positions, you might open the door for junior members of the profession, by making more enlarged the system of assistant physicians and assistant surgeons. In France, an assistant physician may take the place of the hospital physician during the vacation of the latter, and on certain other occasions; and he may be appointed to lecture for the other. Thus you have great emulation created, and you will find exceedingly good lectures given under such circumstances by assistant physicians. Then there might be a process of inducing the seniors to become consultants at certain times, because their practice would tend to withdraw them from the more active duties of the hospital, and they would not be unwilling very often, to withdraw from the more active duties, but it would be highly desirable that they should be present sometimes. By that means you would both retain the services of the more eminent men, and open the doors to the juniors.

The Commission adjourned till next day at twelve o'clock.

## SATURDAY, 6TH MARCH, 1886.

The Commission met in the Chief Secretary's Room, Dublin Castle.

Present:—Sir ROWLAND BLANKENHARRETT, Bart., D.L., Chairman (previding); Sir RICHARD MARTIN, Bart., D.L.; Mr. THOMAS MAXWELL HUTTON, J.P.; Mr. CHARLES KENNEDY, J.P.; Mr. ROBERT W. ARBUTHNOT HOLMES; Mr. RICHARD OWEN ARMSTRONG, J.P., and Mr. J. P. O'BRIEN, T.C.

The Secretary, (Dr. MYLES), was in attendance.

The Minutes of the previous day's proceedings having been read and confirmed,

4417. The CHAIRMAN said.—Before we begin, I wish to call attention to one or two points in the report of the proceedings of yesterday, which appeared in the Dublin newspapers this morning. The first is Dr. Haughton's answer in reply to Mr. Holmes' question, "How much of the income of Sir Patrick Don's Hospital would you say is stable?"—Dr. Haughton replied—"As long as Mr. Gladstone is at the helm I think nothing is stable." That answer I at once desired our shorthand writer not to take down, as it is quite obvious that evidence given before a Commission of this kind should be confined to the subject matter, and should not wander into the domain of politics. I regret, therefore, that it should have appeared in the public prints. The next point is with regard to Dr. Haughton's comments on the evidence given by Dr. Chance on Thursday, in which Dr. Chance formulated a very able scheme of hospital amalgamation, which we happen to know was regarded with marked approval by the eminent medical men who were present at the time, and who expressed subsequently their general concurrence. Having regard to the character of Dr. Haughton's comments, we regret—and I speak in the name of all the Commissioners—that the evidence of this particular point was not fully reported in the morning papers, and I should feel very much obliged if the reporters here present will be kind enough to report it fully on Monday. I should also add that Dr. Chance's scheme was brought forward, not at his own suggestion, but at our special request.

Vincent Powercourt, M.P., examined by the CHAIRMAN.

Vincent Powercourt, M.P.

4417. You are the Chairman of the Board of Superintendence of the Dublin Hospitals?—Yes.

4418. Would you tell us what was the origin of that Board?—Yes, I have prepared a "memorandum in reference to the origin, constitution, and working of the present Board of Superintendence of the Dublin Hospitals," which perhaps I had better read. It would save time.

4419. If you please?—For many years prior to the Act of Union, there were annual grants of public money to hospitals of Dublin from the Irish Parliament, and such grants were continued from the Imperial Parliament, up to the year 1855. The amount of these grants varied from year to year, according to the exigencies of each institution, and were an annually recurring source of irritation and disputes between the Treasury and the various institutions receiving those grants, each institution contending for the largest sum pos-

sible, the Treasury disputing every demand, and at the time incompetent or unable to ascertain the wants in each case. At length, on the 9th May, 1855, a commission was issued at the Castle by the Lord Lieutenant, the Earl of Cardigan, consisting of Lord Talbot de Malahide, John F. South, surgeon, and William H. Stephenson, with Denis Mahon, secretary, "to inquire into the conditions and regulations of medical institutions in the City of Dublin, with reference to grants of pecuniary assistance from the public funds, &c.," and by a further letter of Under Secretary, of some date, "to report as to the future arrangements, &c." This commission sent in their report on December 4, 1855. The Commissioners' report (page 14), recommended that the following in future be the grants:—The Lock Hospital, £2,500, per annum; Rotunda Lying-in Hospital, £700; Coombe Lying-in Hospital, £200; House of Industry Hospitals, £1,600; St. Vincent's Hospital,

£1,300; Meath Hospital, £600; St. Mark's Ophthalmic Hospital, £100; Cork-street Fever Hospital, £9,500; making a total of £15,900. That a permanent Commission, as recommended on several occasions, should be appointed to supervise these institutions, and that a salaried officer, to be appointed by the Lord Lieutenant, should be attached as secretary to the Commission, who should inspect the hospitals not less than twice in the year, &c. On this recommendation, the Board of Superintendence was instituted by Act of Parliament (19 and 20 Vic., Chap. 110), passed on 29th July, 1856. Under this Act the Lord Lieutenant was empowered to appoint any number of persons not exceeding twelve, to be a Board of Superintendence, and under section 14, the Lord Lieutenant was authorized to appoint a secretary and in case of death or resignation to appoint another in his stead. The Board of Superintendence is endowed with very extensive powers of inquiry and regulation, (vide Secs. 14 and 18.) Prior to 1871, the members of the Board appear to have been very zealous in their attendance, which may have arisen from the constitution of the Board; many of the members having no immediate connection, or direct sympathy with the several institutions under their supervision, and the greater number having no knowledge of hospital details and management. With some of the governing bodies of the hospitals there arose a coldness, if not a distrust, towards the proceedings of the Board of Superintendence, which has not however existed since 1871. The governing bodies of the several institutions might at any time be liable to view with jealousy the interference of the Board of Superintendence. Since 1871 some members belonging to other governing bodies of hospitals receiving grants, were appointed to be members of the Board of Superintendence. This arrangement has tended to produce greater harmony between our board and the several bodies of management. The several governing bodies represented on the Board of Superintendence feel an interest in sustaining its inquiries, and supporting its superintendence, and the members thus brought together interchange their mutual information, for the benefit of all, and carry back with them the desire to improve their own particular institutions. The Board has been useful in enforcing proper hospital registry, classification of patients, improved forms of accounts and economy, in which, previously to its formation, some of the institutions were in a very defective state. The whole system of patients' dietary has been carefully revised, improved, and classified, and the arrangements for serving it in the wards are now carried out with proper regard to the comforts of the patients. Towels are now provided for the use of the patients in each hospital, and those who are unable to perform ablution in the lavatories are attended to every morning by a nurse who is responsible for their personal cleanliness. The sanitary arrangements, including the prompt removal of excreta, the treatment of infected linen, and the purification of patients' clothing, the position of beds, water-closets, lavatories, drainage, and ventilation, have, in all these hospitals, been carefully considered, and as far as possible enforced. Disinfecting chambers, capable of destroying the germs of infection are in use, and the bedding and blankets when necessary are purified by this process. Old soiled dressings, and foul straw, &c., are now promptly removed from the wards, and burned in furnaces specially constructed for that purpose. Although controversy still goes on as regards the best method to be adopted for carrying out hospital nursing, the service has been remodelled, and is now in accordance with modern views. Greater care is taken to isolate infectious patients, and those affected by gangrene of the lungs, extensive burns, &c., &c. In several of our reports, we have strongly recommended that a suitable apartment in each hospital should be allotted for the reception and treatment of patients suffering from infectious diseases, where they could be properly protected from doing injury to themselves, and where

the possibility of their disturbing other patients would be avoided. This arrangement has been adopted as far as circumstances will admit. In two hospitals we found the dead-house, in which autopsies were performed, placed in dangerous proximity to the operating theatre. This arrangement, at our suggestion, was altered, as the success of surgical operations was imperilled by being performed in an atmosphere subject to such contamination. In hospitals which receive infectious diseases "obscuration wards" are now provided in which all doubtful cases are placed and treated until the true type of the disease is manifest. With regard to Cork-street Fever Hospital, and St. Stevens' Hospital, we observed (in previous reports) with regret that two such institutions, presenting so much material for clinical teaching, should be so little used. We are now happy to state, that a class of students attend the service in Cork-street Hospital, but we have been unsuccessful in inducing the governors of St. Stevens' Hospital to re-open their medical school, formerly attached to this institution. We have invariably maintained that the interests of the patients and those of the pupils are not conflicting. By the attendance of a class of students, the internal working of an institution is too certain to transpire, and subject to severe criticism, greater facilities are afforded for selecting dressers and clinical clerks for the hospital service, and the presence of pupils stimulates the medical attendants to give more time and perhaps closer attention. We directed attention to the precautions required for guarding against an outbreak of fire in all hospitals under our superintendence, and to the means for facilitating the rescue of patients in the event of such an occurrence. Nearly all these institutions have adopted provisions more or less satisfactory.

4430. What are the requirements of these hospitals that receive portion of this Government grant?—In what way?

4431. They must be of a certain size, must they not, or have a given number of beds, and they must teach?—I don't know as to that, but I rather think not.

4432. Mr. HOLMES.—No; the grants are fixed in the case of each hospital?—Yes, and I did not know that there were any requirements of the kind mentioned.

The CHAIRMAN.—Does your lordship wish to offer any evidence or observations on the general question of amalgamation of hospitals?

4433. Mr. HOLMES.—As to whether the Board of Superintendence has any desire to obtain powers to reduce a grant in the event of an hospital not being worthy to receive it?—Well, I believe the function of the Board of Superintendence is to inspect the hospitals and report upon them, and if they are found in good order and in a sanitary state, their report entitles the grants to them. That is as I understand it.

4434. The CHAIRMAN.—You have seen the reports in the newspapers, I suppose, that there has been considerable discussion before this Commission as regards the comparative merits of large and small hospitals. What is your opinion with regard to that question?—The Board of Superintendence have considered that too. As far as my own opinion goes, and judging by what I have heard from other people, it appears to be the general feeling that two large hospitals are not desirable. The reason probably for that is—

Mr. ARDEN.—Perhaps Lord Portman would tell us what he means by large hospitals?

4435. The CHAIRMAN.—Yes. For the purposes of this Commission an establishment with 250 beds has been taken as representing a large hospital, but what would you consider a large hospital?—I believe that an hospital with 160 or 200 beds is large enough. A large class of students standing round a bed examining a case, say fifty students, must tend to contaminate the atmosphere and be injurious to the patient. In large hospitals the surgeons take what they call the good cases into small wards and teach the students from the subjects thus isolated. That practice prevails in large

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hospitals in such towns as Vienna, and in the clinical hospitals of Paris.

4426. But from the point of view of expense and management, have you any observations to make; the other I take it is more a question for medical men as experts. Do you not think that the large hospitals could be worked more economically than the small ones?—Of course, the same effect staff will work a large hospital as is required in the small ones, and there would no doubt be economy probably all round; but that is only one element for consideration.

4427. Do you wish to make any remarks as to the staff of the Dublin hospitals?—Well, I observed that at previous sittings of this Commission questions were asked as to the religious persuasions of members of the governing bodies of the Dublin hospitals, and on that point I would wish to state my own very decided opinion, that there ought to be a proportionate number of Roman Catholic gentlemen on the boards. There is a reason, however, why it has been otherwise—why the majority have been Protestants up to the present time. In most cases, at all events of these hospitals under the Board of Superintendence, the institutions have been almost entirely, if not altogether, built and wholly or in a large part endowed by Protestants. I believe that in the case as regards the Rotunda Lying-in Hospital, Stewens', the Marsh, Cork-street Fever Hospital, and we all know that the Coombe Lying-in Hospital has been entirely rebuilt by Lord Annesley at his own expense. Therefore, Protestants thought that they had a claim to have a majority of members on the various boards; but my own view is that as ninety per cent of the patients in our hospitals are Roman Catholics, the number of Roman Catholic governors should be increased. I may mention that when the Duke of Marlborough was Lord Lieutenant there were two vacancies on the Board of Superintendence, and I asked His Excellency to appoint Messrs. Joseph Woodcock and John E. Barry, two gentlemen whose political views were, I believe, entirely against those of the Government of the day, and he acceded to my request, so that thus far we have moved in the direction I advocate.

4428. Mr. KESSELY.—Lord Powerscourt, with regard to the observations made by your lordship in reference to the foundation and endowment of various hospitals by Protestant money, I understand you distinctly to state that although the fact may be so, in virtue of the percentage of Catholic patients being so large as ninety, you would wish to see those governing bodies composed of persons representing the religion of the masses as well as the finances of the institutions?—Decidedly.

4429. And if you had the power you would carry out that much needed reform?—Most assuredly.

4430. Sir RICHARD MARTIN.—Do you think that the Board of Superintendence have sufficient powers, or would you think it desirable to enlarge their powers in any way?—Well, I believe they really have not very much power. When I first became chairman in 1871, I found that whenever we talked of recommending changes or reforms in the various hospitals, it was said "Oh, we should not go so far as that, we have not the authority to do so," but I replied that if the Board was to be of any real utility or use we ought to recommend whatever we thought right to be done, and so we did recommend a great many changes and improvements in the hospitals; and the governing bodies have, I must say, worked very well with the Board, and adopted our suggestions from year to year. In fact a great many things have been done in the hospitals since that time, and I think I may add without any undue boasting that most of these things have been done at the instigation of our Board. I can give you particulars of much of what has been accomplished in that way. The House of Industry Hospitals I take first, as they receive the lion's share of the grant. As you are no doubt aware, the Richmond—the surgical hospital of that group—is a very old structure. It was not unfit for an hospital—it was a private

house at one time, but it contains two fairly good wards, one over the other, and since we have stirred them up, since 1871, they have built a new dispensary and a waiting room, a good large place on the ground floor. Again, the dead-house has been removed from under the theatre, where it used to be, to a separate place outside. Still that house is not what you would wish it to be, for an hospital. I should mention that they have also in the old part of the house—aparture on the first floor, which was formerly cut up into a number of small rooms, knocked the partitions out and made large wards of them. They are very fair wards, though of course not what you would build now-a-days, or according altogether to our modern ideas. The Whitworth and Hardwicke are both good buildings I should say, for hospital purposes. If some wealthy citizens would only supply the necessary funds to buy up and demolish some of the cow sheds around these hospitals, it would effect a vast improvement; but the hospital authorities have neither the means nor the power to do that. Then as to Stewens' Hospital, it is in a good position for the poor at that end of the city, but in a very bad position so far as regards educational purposes. Some years ago, the school of anatomy was done away with there on account principally of the fact, I believe, that the students would not go so far from the city to it. But it is in a good situation for the Consultatory patients, and it has been proposed to amalgamate it with the House of Industry Hospital, and make one large institution in place of two. I observed that Dr. Haughton said if there are to be two large hospitals on the north side of the river, and that the Mater is to be one of these, the other should be somewhere in the neighbourhood of the Kingsbridge. If that be so, you have Stewens' to begin with, and it is a fine old building. The wards are large and airy, there is a separate fever house in it which has been lately built, and entirely isolated from the rest of the hospital. On our recommendation they have removed the laboratories and water closets out of the wards. They used to be in the wards, but year after year we reported against that, and at length they were removed, and a very good sanitary system, with baths and saunas on each floor, provided.

4431. Sir RICHARD MARTIN.—Is there ground there for enlarging the building, supposing the amalgamation with the House of Industry Hospital was carried out, and that Stewens' was selected as the site of the new institution?—I do not know that there is ground attached to the hospital that would admit of the erection of new buildings on any large scale, but there is land at the back extending off in the Kilmainham direction that might be got perhaps. Cork-street Hospital is situated in a different part of the city, and is a very fine building. It is, no doubt, in a rather crowded district, but it stands on its own grounds which are of some extent, and there are some open spaces about it. For a fever hospital too, it is constructed on a very good plan—a narrow house, with ventilation from both ends.

4432. The CHAIRMAN.—And, as we have heard, it is extremely well managed?—Oh, extremely well; I think it is a most admirable institution. I went over it the other day, and there were only about twelve patients in the house, but it is necessary to keep up the establishment and have it always ready for the reception of patients in the event of an epidemic breaking out. Besides the main building itself, they have also a large wooden structure out in the yard. It was put up during the small-pox epidemic, and did good service then. It holds fourteen or more beds, I think. Then the Westminster Lock Hospital, is the next on the list.

4433. Do you think there is any necessity for maintaining a Lock Hospital?—Any necessity for it?

4434. Yes, I mean as a separate institution?—Well, I believe it is considered as by medical men, and no doubt, it is better to keep patients suffering from that particular disease separate and



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 Witness  
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apart. In Steevens' Hospital there is a venereal ward for male patients, and the Westminster is for females only. It has been deemed best to keep the cases separate. The Luck is a good hospital. No doubt, it is an old house, but it is in very good order, I think, and they have effected a great many improvements at our request. They have, for instance, entirely remodelled the sewerage, and drained the place thoroughly. I don't think much more can be done there—it is an old-fashioned sort of house, and we thought it was pretty good for the purpose to which it is put. The Meath Hospital was in a bad state at one time—capable of great improvement, but it is very much changed for the better of late years. I think, in that hospital also the closets used to be in the wards, and we made them put them in a separate tower at the back, similar to Cork-street, where all the sanitary arrangements are outside the buildings, and all the soil pipes are exterior to the building, ventilated at the top. We paid particular attention to that. The little children's wards in the Meath I think are very nice. They are beautifully kept by Dr. Ormsby, Miss Lyons, and other philanthropic ladies, who take a most active interest in that special department, which is really a credit to any hospital. Next we come to the Rotunda Lying-in Hospital. The Rotunda is a fine old house; it is one of the hospitals built entirely, I believe, by Protestants. You can see on the walls of the institution to this day, the names of the donors and their costs of arms.

4435. Mr. HOLMES.—I must stop you there, Lord Powercourt. That is not the case. You will find that prior to the Union the Irish Parliament gave large grants in aid of the building of that hospital—I did not know that.

4436. But the fact is so, and if there is any hospital in Dublin which ought to be called a national institution on the ground that it has been mainly supported and built out of local or national funds, it is in my opinion the Rotunda Hospital.—It may be so, but I was not aware of that fact, and so I asked you will find on the walls of that hospital the names of the Protestant donors, for they were all Protestants I understood, with their respective costs of arms.

4437. Notwithstanding, large public grants were made to aid in its erection, and subsequently for its support; and yet the Board of the Rotunda Hospital is the most sectarian board in Dublin at the present moment?—Yes; I believe it is. Then, as regards the Coombe, it is the only other lying-in hospital in Dublin, besides the Rotunda, at all events under our Board. It is well situated in one of the worst parts of Dublin, and as I stated before it has been entirely rebuilt by Lord Ashlin at his own cost. There is one point about the Coombe which I would desire to direct attention to—that its expenses are so high, much higher in fact than those of any other hospital in Dublin; but that is to be explained in two ways. First of all, it is not a very large institution, and the staff working it would no doubt work a larger place without any increased expenditure. That runs up the cost per bed. But in addition it has a very large dispensary attached, which is managed by Sir William Carroll, and where they dispense to extern patients of all kinds, not to lying-in patients only. That is a very useful adjunct to the institution, and it is doing excellent service in a most crowded and very poor quarter of the city. St. Mark's Ophthalmic Hospital is an old house, but it is very well managed. They have built a new theatre this year, and turned the old theatre into accommodation for the matron, I think, and an operation room—the place is altogether very much improved indeed since the days that Sir William Wilde practised there. Then next is the Hospital for Incurables. That also stands in a large open space of its own—in a large field, which I understand cannot be encroached upon. Most of the improvements there too have been effected at the instance of the Board of Superintendence. The institution has been very

well supported I think by the public in Dublin; and the poor people there, all suffering from dreadful diseases, are very well looked after. Their sad lot attracts the sympathy of charitable people in a very practical manner, judging from the interest evinced in the hospital. It is very well managed also, so far as my judgment goes. To return for a moment to Steevens' Hospital. I may observe that there was an investigation held some two or three years ago under Sir Francis Brady, as chairman, in my absence—I was engaged on Parliamentary duties in London at the time—and it was found that certain of the officials there—one man, the head porter I think, and his wife, had a regular tariff for the food of the patients; but that was quite an abnormal and unusual condition of things, and the officials in question being dismissed, the place was put under a lady superintendent, Miss Franks, who came from a London hospital. She improved the hospital very much. There is another lady superintendent there now, whose name I forget for the moment; but the hospital appears to be much better now, so far as the inmates are concerned, both as regards their dietary and improved drainage. I made a note the other day that is, 6d. a day ought to cover the expense of maintaining each bed for the Constabulary—£31 18s. 9d. per bed per annum. It is considered so in other hospitals, I know.

4438. In connection with Steevens' Hospital, let me ask did your Board ever call the attention of the Government to the fact that of late years clinical instruction has practically not been given in that institution?—Do you mean did we direct the attention of the governing authorities of the hospital to the fact—

4439. No; the Lord Lieutenant or the Executive?—Well, we mentioned it in our reports several times. I remember when the surgical school was done away with there—for it was since I became chairman of the Board of Superintendence—and more than once we asked Mr. Callan and other members of the governing body, why it was. At first we did not get any very satisfactory reply, but the real reason, we afterwards discovered to be the one I have already mentioned, namely, the hospital is so far from the centre of the city, that students would not go there to attend its school.

4440. Perhaps our secretary can tell us whether as a matter of fact, any students attend Steevens' now? Dr. Myler (Secretary).—The last return shows a total of six, I think.

4441. Mr. HOLMES.—I asked that question, Lord Powercourt, because in my opinion—I may be wrong, and I believe Dr. MacDonnell holds a different view, if he does I will hold mine with great doubt afterwards; but in my opinion these grants were continued from 1854 in the interest of medical education. The concluding paragraph of the report of the Select Committee of which Lord Nassau was chairman, is as follows:—

“The withdrawal of these hospital grants would, in the opinion of your Committee, occasion the ruin of this great educational system, and at a time when Parliament has shown a vigorous disposition towards the diffusion of knowledge and the encouragement of science and art, your Committee hope that it will not hesitate to provide an adequate sum for the development of that science which is most beneficial to mankind.”

In consequence of these concluding words I certainly maintain that this grant has been continued ever since 1854 in the interest of medical education, and that is the reason why I asked whether your Board had ever called the attention of the Lord Lieutenant to the fact, that certain hospitals which received this grant did not now afford means for clinical instruction?—No, I have not. I was going to say something about the reasons why we think, or some of us, that large hospitals—very large hospitals are not so good, as moderate sized ones. We have a case in point in London—the new St. Thomas' Hospital—

4442. The CHAIRMAN.—I think that is rather a matter for medical men, or experts, unless your lord-

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ship has anything to say as to the financial aspect of the question.

MR. KENNEDY.—Lord Powerscourt has such large experience, knowing all our hospitals in Dublin, and if he has formed any opinion on the general subject, I, for one, would be very anxious to hear them expressed.

4443. THE CHAIRMAN.—Very well, what were you going to say, Lord Powerscourt?—I was going to remark that certain advantages may be claimed for large hospitals, but that they have their disadvantages also, and that, in my opinion, the latter much outweigh the former. In the first place, it is said that they tend to economy, and that there can be no doubt of, because a staff of a given number, will manage a hospital of 250 as well as one of 150 beds. That is admitted by everybody. Another claimed advantage of a large hospital is that it presents such a large number of cases to select from in giving clinical instruction, but there is no difficulty in selecting cases here in Dublin, and of every type. The hospitals are as a rule, well supplied with cases suitable for giving instruction upon. But the great objection to large hospitals as I understand, is that in a very large hospital there is what is called hospitalism developed, that is, that diseases are generated by the large amount of contaminated air in the very large hospitals.

MR. HOLMES.—That is evidence which obviously would come better from a medical witness.

4444. MR. ARMISTEAD.—Has it suggested itself to your Board, Lord Powerscourt, that the hospital accommodation in Dublin is greatly in excess of the requirements?—No, it has not.

4445. Have you formed any opinions upon the subject of amalgamation, other than those you have stated?—Well, it has been stated often, that some of the hospitals might be amalgamated. I have heard of a proposal for instance to amalgamate Steevens and the House of Industry. But one of the three hospitals in the House of Industry group, the Hardwicke, is a fever hospital, which it is well to have on the north side of the city. You have Cork-street on the other side of Dublin, but I don't know of any other fever hospital in the city, and under the circumstances it would be a pity to break up the Hardwicke.

4446. MR. HURROV.—Supposing the present Government grant was capitalised, have you thought what body should have charge of the fund, the Corporation, or an enlarged Board of Superintendence or what board?—I suppose you would require to have a board comprising representatives of the magistrates, and also of the medical and surgical professions, and of the subscribers to the hospitals.

4447. And how would the Government be represented?

4448.—I don't think we have considered that point, as to what body should have charge of the fund if capitalised. The grants, I am rather afraid, militate against the subscriptions, those do not come in as they ought to do, and, on the other hand, if the grants were withdrawn, I fear the hospitals would be ruined.

4449. MR. HOLMES.—Would you say, Lord Powerscourt, that the superintendence that has been exercised by your Board in the past, has been somewhat of a perfunctory character, that it has not brought about the results which ought to be expected from a Board of Superintendence?—Well, I hope not; we have tried to do what we could for the last fifteen years, at any rate, and I think we have worked up the hospitals a good deal. I think the hospital authorities will tell you that themselves. But, at the same time, I admit that we have not much power.

4450. Would you say that, if in your opinion any particular hospital was found wanting in some important conditions, your board has power to recommend that the grant to that institution should either be lessened or cut off altogether?—We never have considered that power, and I really do not know whether we possess it or not. I believed that the grant was supposed to be given subject to our reporting in favour of the particular hospital.

4451. I think that is undoubtedly the case?—We have never had the matter before us, because we never have had any hospital in such a bad state that we would dream of withdrawing the grant from it.

4452. SIR RICHARD MARTIN.—If the Board of Superintendence was enlarged and made more representative, and if it had the distribution of the revenue derived from the capitalised fund given by the Government, do you think that then its recommendations and suggestions would receive more attention from the hospital authorities?—Perhaps they might.

4453. Because they would then have the power of taking from one hospital and giving to another in proportion to the results achieved?—It might perhaps work as you suggest, but I must say that we never experienced any unwillingness on the part of the hospital boards to carry our recommendations into effect so far as their funds permitted. Take Steevens' as an example; we recommended a great many things year after year—as to their sanitary arrangements, water-closets, lavatories, bath-rooms and so on, and the governors always said, yes, we will do this, or do that as soon as our funds permit, and they always fulfilled their undertaking. There may have been, and there were, delays for want of the means, but they always did all they could to meet our views as far as they possibly could.

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4454. You are one of the Lay Governors of the City of Dublin Hospital?—Yes, I attend, Mr. Chairman, as a representative of the lay members of the Board of the City of Dublin Hospital. I have been a governor of that hospital for the last eight years.

4455. There is a nursing institution attached to your hospital?—There is a nursing institution attached to it which was established on the 1st January, 1854, and of which I am the chairman and one of the shareholders.

4456. And you are also a Governor of the Rotunda Lying in Hospital?—I have been for two years a governor of the Rotunda Hospital, but though I regularly attend at the City of Dublin Hospital and at the Nursing Institution, I have not taken any active part in the management of the Rotunda. Perhaps you would allow me to say before proceeding further, that Mr. Jonathan Hogg and I were the two lay members of the City of Dublin Hospital who were asked to attend here; Mr. Thomas Pim, junior, is also one of our most active governors but he is one of the honorary secretaries of the Sunday Hospital Fund, and

it was his own wish that he should attend to represent that.

4457. When Mr. Jonathan Hogg was examined I asked him, "Would you be in favour of the erection of a new hospital in the city," and he replied, "Certainly not." Do you agree with him in that opinion?—Yes, we—I mean my board and those whom I represent—are entirely against the building of a new hospital. We believe that any money spent in building a new hospital will be money wasted; it is not wanted. The statistics show that we already have in Dublin for mere hospital accommodation more than in any other city, and Jervis-street Hospital and the Mater have both been greatly enlarged within a very short time past. The funds available are not sufficient for the maintenance of the existing hospitals, and anything expended on buildings would be taken away from these funds. Moreover, the building of a new hospital would not, in our opinion, get rid of any of the existing hospitals, or at least would not get rid of all of them. It could not get rid of such an hospital as the City of Dublin Hospital, for instance, which is

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a private institution, and we don't think it would prevent the future establishment of hospitals by private enterprise. Beyond all doubt, the erection of a new hospital would not practically reduce the number of the existing ones.

4457. Mr. HODGINS.—But if the new hospital was started on lines that would involve its being a great success, would it not in that case be likely to interfere with the existing hospitals—would it not extinguish the others, so to speak?—We do not think that any hospital under Government control, such as has been referred to here, would ever successfully compete with those that are governed under the stimulus of private interests—doctors and laymen who, from benevolent and other motives, co-operate to keep them up.

4458. The CHAIRMAN.—Would you be in favour of a system of salaried hospital medical staffs?—I think not. Payment of doctors by salary, I think, is in the first place unnecessary. The fees for teaching would appear to us from experience to be the natural and a sufficient fund to provide the medical attendance; and would you allow me to illustrate that by what has happened at the City of Dublin Hospital. That hospital was originally established by four or five medical men. It was entirely at their own risk and expense that they founded it. They, of course, therefore had a pecuniary property in it, and from time to time their incomes acquired that interest, each man on appointment paying the outgoing officer, or his representative, so much. That went on for a considerable number of years, until the position becoming more and more valuable the payments became so large as £1,200. The lay board, shortly before the time of my becoming a governor, interfered in the matter, and a deed was executed regulating the thing for the future in such a way that on each session of a change there is to be a reduction in the amount; £100 less is to be received by each outgoing physician or surgeon than he paid himself coming in, until the system of payment will be ultimately got rid of altogether. The fees of the students was—the governors—don't meddle with at all. The medical staff receive them and divide them among themselves, and I have reason to believe that from £50 to £100 a year—it fluctuates very much—is the amount so received by each. That amount at present manifestly represents only interest upon the money that the doctors sunk in the place, but it would be available for themselves without the burden of the capital payments as soon as these payments are brought to an end. The process now going on is that of buying out the old interests formerly represented by the founders, and we don't think it is at all necessary to pay a salary. Let me add that I think that the teaching would be very much better without a salary, and as an instance I would refer to the history of the Government grants. These were given in 1838 on the ground that the institutions to which they were given were large schools and were to be kept up as such. But when the grants became permanent the schools failed to compete with those where there were no salaries, and the schools have now gone almost altogether to the hospitals which have no fixed or Government income at all.

4459. Then you think that the fees derived from teaching should pay the medical staff?—Yes, and I think that where the teaching is thoroughly efficient the classes will follow it. I might be allowed to mention, as a matter of fact, that I was myself for two years a medical student of Trinity College, Dublin, and between 1838 and 1863 attended very regularly, though not as a regular student, at the Richmond and House of Industry Hospitals. I remember Corrigan, Ranks, McDowell, and Gordon as physicians there, and Hutton, Adams, John Hamilton, B. W. Smith, and Fleming as surgeons. There was a large class of students there during the entire of that time. The Commercial school was established in the immediate neighbourhood, but was subsequently abandoned, or at least removed to another part of the city;

the classes there having greatly declined. At the time I speak of there was also a large class at Mercer's Hospital, where Surgeon Butcher was, and a large school at St. James'; but these have failed, and the students have gone to all parts of the town, and therefore I believe, that good teaching will bring good classes, provided the thing is worked upon the ordinary commercial principles of supply and demand.

4460. Mr. HODGINS.—Assuming that the fees produced a very large income, would you say that the medical staff should receive and retain the whole of them?—Most certainly, because the largeness of the fees would, in my opinion, depend upon the efficiency of the teaching, and I do not see why a man who can earn a large income should not get the whole of it. The Board of the City of Dublin Hospital does not interfere with the pupils at all, and we could not take any part of their fees when large, without of necessity making good the deficiency if they fell short. I think it is far better to let the Doctors manage their own pupils, and receive the fees, and leave the lay board to attend to the benevolent and administrative part of the business.

4461. The CHAIRMAN.—You have already told us that there is a nursing institution in connection with your hospital?—Yes, and good teaching should also provide good nursing. On that subject I should like to give you some facts that may be of use to the Commission. In the City of Dublin Hospital, our attention was first called to the deficiency of the nursing through the Hospital Sunday Fund. They gave a percentage by way of results to such hospitals as introduced improved nursing. Our former system was the old inefficient one—we had a mixture of no medical training, and we had nurses of the ancient type. When reforms were being talked of and introduced elsewhere we considered carefully what we were to do to improve matters, and the first proposal was to affiliate ourselves with an independent nursing institution, the ladies of which were discouraged at the time. But there being some doubt as to the certainty that we could make such an arrangement have control and maintain the undenominational character of our place, we thought it better not to engage with them, and then seven of us subscribed a sum of money, and registered ourselves as a limited liability company to start a nursing institution of our own. Our capital was £1,000. We kept five ourselves which we hope in time to get the other members of our Board to take, because we want to work the two things together; but we paid in £275. The lord of the soil—Lord Fitzwilliam—gave us £100, and a benevolent lady gave us £10, so that all the money we brought into the enterprise was £385. We have £470 now—if we can be sold to have £320 of that which is in the Munster Bank, we paid £150 for our house, and we paid £130 for the furniture, making altogether £750, that shows you observe, a loss on the two years and a quarter of £335; but we pay the whole salary of the Lady Superintendent of the Hospital, that is, £100 a year, and we also maintain, clothe and board, from eight to ten probationers who are receiving their training in the hospital, while the hospital pays for its nursing only the wages of the staff nurses and a few extra attendant nurses for fever and for night work. We also pay £40 a year rent, therefore if you take all that into consideration—that that £385 apparent loss includes over £200 salary, £50 a year rent—which might be saved if we lived in the hospital—and the loss of that large staff of probationers—you will see that the nursing has more than paid for itself in the meantime. Beginning with three or four probationers, we have now thirty nurses and probationers, of whom the largest portion are qualified to attend private cases. We receive £1 1s. a week for every nurse going out, or 10s. 6d. a night, and we pay them all their wages. That arrangement is exceedingly beneficial in another way—it offers a great field for the employment of young women; and I may add that they are not selected from any one denomination. It is entirely

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unsectarian. We have masses of all persuasions, many of them from the country, some from Dublin, and occasionally ladies left to their own resources.

4462. You have considered, I suppose, Lord Justice, the question of amalgamation of the Dublin hospitals—would you be in favour of a limited amalgamation?—With regard to amalgamation, although I know that the question of large and small hospitals is to a great extent a medical one, it is to be regarded from other standpoints as well, and any remarks I have to make concerning it would be from the patient's point of view. And speaking now with some little experience of the patients themselves—the patients of a class above the lowest class certainly prefer a hospital which is not a very large one, and they also certainly prefer a hospital that is not of the nature of a public or Government institution. There is something of the idea of a poorhouse about a large public hospital, and it is less his leaving home to go to one of the small or moderately sized hospitals. At the same time, there can be no doubt that it is a very important thing, both for the doctors and pupils, that the hospitals should be large, and I think therefore that a medium between the two would be the best. As regards amalgamation, there is a proposal that the City of Dublin should be amalgamated with Sir Patrick Dun's, but I doubt very much that it is likely to come to any practical conclusion. The doctor's idea would be to amalgamate by removing the City of Dublin Hospital and enlarging Dun's, but I don't imagine that the lay members of the board would be in favour of that at all. If a medical hospital could be worked in one, and a surgical hospital in the other, I think we should be in favour of it, provided the freedom and controlling power of our own board was maintained; but on that point you will bear in mind that we represent the subscribers. We consider that the natural source of supply in this empire, at least for a great deal of hospital work, is the benevolence of the public, and without venturing to speak for my Roman Catholic fellow countrymen, I can certainly say that you will not get any Protestant money for an institution, unless the people who subscribe get some voice in the management of it. If you give over the control of the hospitals to Government or any independent body, you must also provide the funds necessary to maintain them, for you won't get the public to do it—as they now do—by voluntary subscriptions.

4463. In any scheme of amalgamation, I presume you would be in favour of utilising the existing hospital buildings?—Yes, though not originally built for hospitals they have been adapted for the purpose, and even some of those that were formerly private houses have become now very suitable. For instance, the City of Dublin was originally a private house, but the interior has been almost entirely reconstructed, the present wards being large and airy, and in addition a fever hospital has been erected at the back, by the manufactory of Alderman Drummond. On the other hand, Sir Patrick Dun's, which was built for a hospital, is situated in a neighbourhood that is certainly not so desirable—it lies very low.

4464. With regard to the answer you gave me just now, that persons above quite the lowest class prefer to go to small hospitals rather than large ones—I confess my experience is somewhat different.—I—Well, I could give you an instance, even in my own household, of preference for the City of Dublin Hospital, for example. Perhaps it may be from personal acquaintance with some of the governors; but we have there a considerable number of persons who pay. They pay not enough to cover the expense, but they are of a higher class than the patients in some of the larger hospitals. And I may mention also that the case of patients in some of the large hospitals is not the same. I have known a case in which the pupils of a charity school of the better class were withdrawn from a large public hospital and

sent to a smaller private one, because the company they were obliged to be in was not the same.

4465. But in England and abroad where there are large hospitals, people go to the large hospitals that would not dream of going to a small one!—I don't like to speak of anything that is not founded to some extent on my own experience, and I know nothing about the hospitals abroad.

4466. Now, as to the Government grant, how would you propose it should be redistributed?—Well, as regards the Government grant, up to the present we in the City of Dublin Hospital are entirely without experience of it, and I confess I don't know why. I am not aware of any principle by which that grant was confined to the hospitals that got it originally, but we hope that whatever may be done the Government grant will not be capitalised, or that any part of the capital may be disposed of or cast away needlessly—by expending it on buildings for instance. I mentioned already that we are against spending any portion of it on building a new hospital, and we are also against handing it over to any existing hospital as capital, for if they get it the capital will certainly be spent, and afterwards—when it is run out—the particular institution will be worse off than at present. We therefore do advocate its being kept as a permanent annual subvention. If I could be quite sure that the Treasury would always continue to pay it, I would rather that it remained where it is, because the £16,000 a year is considerably more than we are likely to get the capital sum to represent in future; but in these days when people are willing to submit to a reduced income for security, I would advocate the taking of the capital as much, if we can get it, and investing it as best we may.

4467. Mr. BURROUGHS.—But don't you believe that your voluntary subscriptions would be thereby very considerably affected?—Assuming that the Government grant or the interest of the capitalised sum—whichever we are to have in the future—is forthcoming, then I say if it was administered as a subvention or reward for private exertion on the Corporation grant is administered, or as the Brompton Hospital Fund is administered, it would be most useful to the hospitals, and would not interfere with the flow of private benevolence; but if it is to be devoted, as it now is, to the providing of something like an endowment for particular institutions, it must blight at once their voluntary income.

4468. The CHAIRMAN.—Then you would be in favour of the grant, or the income derived from the capitalised fund, being given to the several hospitals in proportion to the work done by each?—Yes, in proportion to the work done by the different hospitals, subject to some wise restrictions that would require some more consideration than I have given to the subject. I may mention one of them, however. I think, for instance, that the Government grant would be the natural fund to look to to accumulate something that would be available in case of epidemics, and also to maintain such institutions as the Cork-street Fever Hospital, where they are obliged to maintain extra accommodation in order to be available, when required, for epidemics. But, subject to that, I think it ought to be distributed in accordance with the work done, with a special proviso also, that it be distributed amongst a number of hospitals small enough to make the subscription to each considerable.

4469. And what body would you intrust with the distribution of the annual income, or the regulation of that?—Well, I think I could mention some bodies that I would not intrust it to. I would not like, for instance, to see it intrusted to a board constituted on the principle of the Board of Superintendence. I don't know any instance of these boards appointed by Government for the purpose of compromising with everybody proving a success—they generally end in a satisfying nobody. Again, I do not think it should be intrusted to the Corporation of Dublin, and I do

not say that through any disrespect to the Corporation, but because the Corporation represent only the city of Dublin in area, and only the ratepayers of Dublin, and our hospitals receive support and admit patients from a much wider area. They give us a grant—a very handsome grant—from the local rates, but this Government grant is not from local rates, it is from the Imperial rates, and I think the true position of the Corporation of Dublin would be to represent the ratepayers of Dublin, as qualified by the large amount that they themselves contribute to our hospitals. I may say the Committee of the Corporation do very good and useful work in visiting the hospitals. They sometimes dock the grants for reasons of their own, but by coming about us they certainly do keep us up to our work, and I therefore think that they ought to have a representation, and a large representation, on the board intrusted with the administration of this annual fund. But I think also that each hospital that has a claim and that is doing work ought to be represented on it. If the generosity of the Commission will construct a board combining representatives of the Corporation and representatives of each of the hospitals fairly entitled to claim portions of the fund, that would probably be a better board than any existing one or than the Corporation of Dublin.

4470. Then you would wish to see the Government grant equalised and redistributed by a representative board?—Yes, a representative board representing those who contribute the money and those who are doing the work—namely, a representative board of the hospitals and of those from whom the money is coming; of course the private subscribers would be represented through the hospitals.

4471. Mr. KENNEDY.—Would you say that a representation through the College of Physicians or the College of Surgeons would not be a good addition?—Well, that goes into the question about the teaching, and I don't regard the hospitals as mere teaching places. The teaching I regard as a legitimate source of income to the hospitals, and as a legitimate source from which we get—what is to a great extent benevolence also—the free service of the medical and surgical officers. We should have representatives on the board to see that the hospitals are worked according to medical science, and probably the authorities you mention would be the proper and legitimate medium of representation. In the City of Dublin Hospital the payment was £1,500 for a doctor coming in—it is falling gradually, but still it is about £900 I think, it varies in different cases; but even with that payment we never had the least difficulty in filling every vacancy. Our principle is, the medical officers, who are seven in number, send up three names to the joint board consisting of lay and medical members, to select from, and the instances have been very rare in which they were not able to send up the required three names; and therefore, I think, the best services of the profession are obtainable at present.

4472. With regard now to the trusts under which you would fix this fund—assuming that we are able to get this very unique representative body that you spoke of—would you be in favour of limiting the trusts under which the fund should be administered, or would you be contented with the one broad principle applying of payments to the various hospitals by results, that is, a stipulated rate ascertained by the number of beds maintained at a certain figure per annum, the nursing, medical and surgical requirements of the house being up to the mark?—We should be entirely satisfied in the City of Dublin Hospital by being paid according to results. I speak for the lay members of our board more particularly, because if we failed to keep up the hospital we would certainly concede that we had no earthly claim on such a fund.

4473. Are you at all familiar with the history of the House of Industry Hospitals?—Well I attended

them pretty regularly for two or three years, as I March 3 1862.

4474. But I mean since they got this grant of £6,000 or £7,000 a year—can you speak authoritatively or from experience of the mode in which that grant has been expended or the results obtained?—No, I cannot. The last time I ever attended there was in 1862.

4475. But I take your evidence in the main to be that an institution which gets £6,000 or £7,000 a year as a Government grant is dissipated, so to speak, from the public benevolence, and without that stimulus, is in the position of most persons with a large fixed income—doing as much or as little work as they like?—I think if you give anything approaching that sum to any institution, it certainly will not get any other subscriptions at all, and you may as well put it down as a State institution. Our average income in the City of Dublin Hospital is about £4,000 a year, but then, I am sorry to say about £3,000 of that is all we can look to permanently, the other £1,000 represents sporadic efforts and occasional legacies. And I may also observe, it is a matter I don't like to speak much about, but it comes up incidentally—that whatever mischief may be done in other respects, the rivalry between Protestants and Catholics tells very favourably upon subscriptions to hospitals. For instance, the Adelaide Hospital—I am not a subscriber to it, but that institution represents one side very strongly, the Mater, I suspect, if you look over the list of contributions you will find that they are almost altogether from Roman Catholics. In the City of Dublin Hospital, though we receive patients of all denominations, and I believe have satisfied all denominations with our treatment, not ten per cent. of our subscribers are Roman Catholics, although the majority of our patients are of that religion. However, I am entirely in favour of leaving the success of such institutions to be its own stimulus, and the interest that is taken in it by the people managing it to be its own reward.

4476. And to give a proportion of the grant to each hospital doing good work?—Yes. Mr. Hinton asked me did I think that would stop our subscriptions. I answer that it would if you gave a substantial perpetual income, but it would not if you gave only such a payment as to ensure the efficiency of the institution, and it is of vital consequence to an hospital as we all know, to have something that it can rely upon. We get £500 a year from the Corporation, and something more from the Sunday Hospital Fund, and those two grants coming at a given period of the year are of the greatest possible assistance to us. And I cannot see why some such scheme as that adopted by the Sunday Hospital Fund could not be followed in the redistribution of the grant—to make the amount given to each hospital depend to some extent on the amount contributed voluntarily.

4477. Sir RICHARD MARTIN.—And would you be in favour of letting this body that would have the distribution of the Government grant review the accounts each year?—If the amount is to be in proportion to results it would review itself each year.

4478. Mr. KENNEDY.—Is it within your knowledge, Lord Justice, why the Roman Catholic hospitals have not been able to subscribe to, or to participate in, your Sunday Hospital Fund?—No, except from what appeared in the newspapers at the time. The Roman Catholic hospitals were substantially maintained by Roman Catholic money, and they thought it for their interest to remain outside the collection—I knew nothing, of course, about their reasons for that. But I may say that the Adelaide, which is the most exclusive hospital at the other side, refused to come into the Hospital Sunday Fund for some time after it was established, through the apprehension that they would lose subscriptions, but afterwards joined.

4479. But suppose they were able to give that pro

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into payment out of the Treasury grant, and that the Hospital Sunday Fund becomes a large thing through the co-operation of all denominations in its collection.—I ask you the question, do you know why the Roman Catholic hospitals refused to join in the Sunday Hospital Fund movement; if you don't know of your own knowledge, of course you need not answer.—I do not know the reason further than I have stated. I have nothing to say to the management of the Sunday Hospital Fund; but I must say this that I know nothing in the requirements of that fund that should prevent all the classes of worship joining in the collection and distributing it upon the principle which governs its distribution now. But I would certainly upwards in the strongest way any meddling or interference with the independence of that Sunday Hospital Fund, or the treating it in any way as a permanent endowment—the whole life and soul of the movement depends upon its being left to manage itself. It secures us very handsomely, the sum of money which has been allotted to us at the City of Dublin Hospital this year is, I am happy to say, larger than that to any other institution, but that is because of cheap work efficiently done, and the large income accumulated by our own exertions; and, I think any other public fund should be administered on the same basis—capital being laid not only to the actual work done, its efficiency and cheapness, but to the income of the particular institution from subscriptions and donations.

4480. Mr. HORSBURG.—If it be the case that the Parliamentary grants have been continued since 1854 in the interests of medical education, would you not say that educational results ought largely, if not altogether, to determine the amount which the hospital should receive from that source?—Yes, as mercantile res., but I deny altogether that the Government grant was given for educational purposes. The Commission of 1857, I think, made the schools an excuse to account for the grant, but the original grant was not given with respect to the schools, and I don't think at the time that the grant was redistributed.—I can speak with some knowledge of that—that it was distributed at all in accordance with the then distribution of the schools. The fact that in Dublin we have large Government departments which derive some assistance from the hospitals was one reason for continuing the grant, and another was that it could not be withdrawn without doing very great mischief.

4481. Mr. O'Rourke.—May I ask are you aware, Lord Justice, of the system in the Rotunda Hospital of making Governors?—The system is this: under the charter no one can be a governor unless he is a donor of £50 or an annual subscriber of £5. As regards its working I can speak only of my own case. I myself seven or eight years ago was asked to become a governor of the Rotunda Hospital. There was an election to the office of master coming on at the time, and it so happened that an intimate friend of my own, and also a relation of another friend, were likely to become candidates, therefore I did not wish to become a governor, which would put me in rather an awkward position in choosing between them. But sometime afterwards a gentleman asked me again to become a governor, when these difficulties had passed away, and I said I would. I qualified myself by giving a donation of £50, and I was elected, and was very much surprised to find my election attributed to other motives than my interest in the hospital. I may add that I was for about twenty years a regular subscriber to the hospital. I have only attended once or twice since I became a governor, and I don't know much about the place, except this—that I am aware it is an

admirable school. Indeed I would quote it as an excellent instance of what can be done for a school by leaving the doctors to be paid for their own expenses through the fees they earn.

4482. Mr. MORRIS.—There is one question I omitted to ask you, Lord Justice—whether you consider that hospitals as distinguished from making infirmaries are necessary?—I think hospitals as distinguished from union infirmaries are certainly necessary. In the first place, the union infirmaries receive a vast number of chronic cases, of very poor people, who ought not to be maintained in the hospitals for the length of time that they must be maintained in these infirmaries, and also because the mutual repugnance of any independent person to go into an institution wholly maintained by the rates is a feeling that I think ought to be respected. The class of people who come into our hospitals as benevolent institutions are a class of people who would feel hurt at being put into a workhouse infirmary. I think our existing system in the United Kingdom is much better than one which would throw the entire relief of the sick poor on the rates. I don't think it is a bad thing for people to be benevolent, even irrespective of the good done to those to whom they are benevolent.

4483. But the benevolent are few?—But I never heard the benevolent complain of that. It is in the people who give you nothing that complaints of your lagging.

4484. Mr. KENNEDY.—With regard to the distinction between union infirmaries and the general hospitals so called, do you agree with me that it is a great hardship that hospitals which now receive large Government grants in the interests of medical education, and for the relief of the sick poor who are above the pauper class, should expend their resources, or a considerable portion of them, in receiving, treating, and maintaining patients who are properly and legally chargeable to the local poor rates?—Certainly; as you put the question, money given and dedicated to one object is applied to another and wholly different object.

4485. Yes, the pauper sick being already provided for according to law, don't you think that the union hospitals ought to be compelled to treat and maintain persons whom we designate, properly speaking, as paupers?—Well, we have some experience of that in the City of Dublin Hospital, and it is just one of the matters in which the lay members and the doctors pull in opposite ways. Very poor people come into the City of Dublin Hospital, and I certainly never would send away a man simply because he was very poor, if he was one that our treatment would or might benefit; but then the tendency of the doctors when they get interesting cases, as they are called, is to keep them a long time in the house, and in that way a pauper once admitted, and who would be a proper and suitable case for the workhouse hospital, becomes a burden on our hands. We have applied a check on that in this way: the date of admission of each patient is entered, and no one is permitted to remain longer in the house than a given time, unless his or her case has been brought before the board and an order to that effect made.

4486. Mr. ARMISTEAD.—But is not that rule violated by discharging a patient in the morning and re-admitting him in the evening?—No, I think not. Our Board would soon find out that. But though we have that rule, if there is a satisfactory explanation given, for instance that it would be dangerous to remove a patient, or that further treatment in hospital might be most beneficial, we keep them in. We have had patients for a year in the City of Dublin Hospital, and discharged cured at the end of that time.

Dr. Robert MacDonnell, F.R.C.S.I., examined by the CHAIRMAN.

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By Robert MacDonnell,  
F.R.C.S.I.

4487. May I ask you as a general question to compare with—what is your view as regards the comparative merits of large and small hospitals?—Well, it is a question first of all as to what you mean by a large hospital. The Vienna hospital, for instance, covers acres of ground, and has thousands of beds. I don't consider any of the existing Dublin hospitals are large. In London, Bartholomew's is a large hospital, so is Guy's, and so is St. Thomas's. But what exactly do you mean by a large hospital?

4488. The definition we have had here of a large hospital, is one with 250 to 300 beds!—That is large for Dublin.

4489. Yes!—Of course, the size of such an institution should be proportional to the city in which it exists. You must strike a medium between the greater expense of small hospitals with their comparatively large establishment charges and the smaller expenses of the vast hospitals. I should be inclined to say that hospitals with from 200 to 250 beds would be a very good size for Dublin. They would hit a happy medium. There are great advantages in small hospitals, no doubt, but then they are expensive.

4490. What are the advantages of small hospitals?—Well, the patients are not so much crowded together—there is almost invariably more space in proportion. Cottage hospitals are admirable things, and I would be glad to see them introduced throughout Ireland. Then the little attendance that a patient is able to get, are better given in a small place—in fact, it becomes more and more like a home the smaller it gets.

4491. Then as regards teaching—do you think there are any advantages in large hospitals?—Yes, there are advantages, but by no means overwhelming advantages. Some of the greatest clinical teachers have worked in small hospitals. The great Scarpa, one of the greatest surgeons the world has ever seen, had only ten beds at Padua. Mr. Butcher, whose reputation we so well know, had a very few beds in Mercer's Hospital, when at the height of his fame.

4492. What are the most important functions would you say fulfilled by hospitals in metropolitan cities?—The two functions are those of relieving the sick—when suffering from accident and disease, and of teaching the students who, if well taught, are to go forth into the world as skilled practitioners to relieve others. I should say the relief of the poor is their first office, and the educational functions their second.

4493. Then you think that out of the grounds of the Parliamentary grant being given to the Dublin hospitals was for teaching purposes?—I don't merely think so—I am certain of it. No person can read through the report, either of the Select Committee or of Mr. South's Commission, which arose out of it without seeing that that underlies everything. We see allusions such as Mr. Holmes read to Lord Powerscourt, and in the report itself it is very strongly put—in dealing with the House of Industry Hospital, the Select Committee dwells particularly upon the facilities for instruction given at the Richmond Hospital by the Curatorial School being in close proximity to it, and they lay it down in fact as a part of the consideration for giving the grant to St. Stevens' Hospital, that it shall become a teaching establishment, and in the concluding passage which Mr. Holmes has already read—and which there is no occasion to repeat—the same thing is dwelt upon very forcibly. It is the main argument in fact put forward for the continuance of the grant. Otherwise Belfast, Cork, Galway, and all other towns would have had an equal claim to a grant as Dublin. It was upon that ground I would say almost exclusively that there was an exception made for Dublin, and Dublin was given a grant which Birmingham and Manchester and Liverpool never got.

4494. Mr. Holmes.—I am glad to find, Dr. MacDonnell, that I was mistaken in assuming that you held a

different opinion!—Yes, my answer is that I don't think any honest man can read through the report of the Select Committee, and the report known as South's, without seeing that the educational part underlies everything.

4495. The CHAIRMAN.—That being so, do you think that the hospitals in Dublin have been successful in fulfilling the functions which they ought to fulfil in a metropolitan town, and on which the Parliamentary grant was given?—I must say that I do not think the hospitals to which the Parliamentary grants are given have done their duty. On the contrary—speaking now from the educational point of view—I should say that they have failed.

4496. Will you state why you think they have failed from an educational point of view?—Well, a year or two ago—when Lord Spencer was beginning to consider this matter, His Excellency asked me to furnish him with a short memorandum on the subject which I did. I found that the House of Industry Hospital, St. Stevens' Hospital—with which I am connected—Conk-street Hospital and the Lock got the major part of this £16,000, and yet when I added them all together, I found that the students educated in them formed a very small proportion of the entire number in Dublin. The House of Industry Hospital furnished the best returns of those I have mentioned, but lumping them all together and looking at the thing from an educational point of view it was a complete failure. I forget what the exact figures brought out as the result for teaching each medical student but it was something abominable.

4497. Would you go so far as to say that any hospital in Dublin which had allowed its educational functions to lapse had forfeited its claim to the grant?—Yes, I would say so. I am myself connected with St. Stevens' Hospital, and I have an interest in saying the reverse, but I must say that I think the conduct of the governors who have ignored the educational side of the question gives them no longer any claim to this grant.

4498. Do you think, therefore, that in any future arrangements that may be recommended stringent provisions should be made for the educational usefulness of any hospital receiving a Government grant?—I do, undoubtedly. That was recommended in South's report, but no provisions were made to see that it was carried out. On our board of governors—and I do not find fault with them—there is a divided opinion. Lay governors very naturally look upon the relief of the poor as of infinitely the most importance, and medical members of a board take another view in favour of the educational aspect of the question, so that there is frequently a conflict of opinion between the two elements. Such has been the case at St. Stevens', and indeed the lay governors of some of our oldest institutions have lost sight in a great degree of their usefulness for purposes of instruction, and have behaved in such a way that, I am compelled to say, they have justly forfeited their right to these grants. If any new system is to be introduced that should be guarded against, and there should be some machinery which would make it necessary that the educational office of an hospital should be regarded as a very important one.

4499. Do you think that the medical officers of an hospital should be permitted to sit on the board?—I do; but I should like to explain at some length my views upon that subject. I am very much opposed to having boards exclusively composed of doctors. I think that those institutions where a body of lawyers, or doctors, or clergymen, or any one class of that kind form the board, I may say there is no job that they would not accomplish for their own bodies. If you have a board of doctors exclusively—I don't wish to mention names, but we all know the case which is before my mind at present—who are able to appoint their own colleagues, they first appoint their

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OWN sons, or nephews, or other relatives, and when these men select they sell the places. That is my experience. I am in favour therefore of not giving any preference, my own no more than any other, an overwhelming voice in these matters, but I would give them some voice, for if not strong enough to carry a job themselves, they may be most excellent advisers. For that reason, and as having an important interest in the hospital, I would give them a fair but not an overwhelming representation on the board.

4509. And of course also for scientific purposes?—Yes, that is what I say—that it is extremely desirable that they should be on the board to give the benefit of their advice as experts, but not in such numbers as to have the controlling power. Medical men, when they cannot carry a job for their relatives or friends, are excellent advisers.

4501. Have you any suggestion to make as to the appointment of medical officers?—That is the greatest difficulty that I meet with in considering the case of the Dublin hospitals, and I am sure in saying so I express the view of my confrères. I should be glad to see the sectarian element excluded, and the element of real merit brought more to the front, but I am quite alive to the immense difficulties in the way. And the scheme, which on the whole I would recommend, would be something like this. I would make the earlier appointments like assistant surgeons and assistant physicians upon some system of examination like the French system. I would allow the governors of all hospitals to nominate candidates for this competitive examination, and then, when once appointed, I would allow the promotions to be made by the governing body of the particular institution. I believe that the governing bodies would upon the whole do that fairly, and that once having entered the service by examination the sectarian element would not enter into it.

4502. If you proceed upon the French system why take the sectarian question into consideration at all?—I would not take it into consideration—I would have candidates nominated by Roman Catholics, Episcopians, or Presbyterians—I would allow the different governors to nominate, but I would not have a certain number nominated because they were Roman Catholics or Protestants, Jews or Gentiles, although no doubt they would be nominated of various religious denominations, because the nominators themselves would be various. Once they got in by the system of concours, I would allow the promotions to be made by the different governing bodies. I would give every governing body the right to dismiss a medical officer, for neglect of duty, for immorality, or anything of that kind; and also the promotions to the higher posts; and I think it would be desirable to have—as has been introduced in some of the London hospitals, St. Bartholemew's and others—an age for retirement.

4503. Or would you limit the tenure of office by appointing for a certain number of years only?—I don't think that is so good a plan—my experience of that is not favourable. If you have a person appointed for five years, and eligible again for re-election for another five years, it is practically an appointment in perpetuity, and that is not good.

4504. Then you would be in favour of an appointment for good up to a certain age?—Yes, during good behaviour, with an undoubted rule of retirement, say at sixty years of age for surgeons, and sixty-five for physicians. I would make an earlier age for surgeons, because we are required to have our names more completely about us, but I should be inclined to say that a fair arrangement would be that surgeons should cease to be acting surgeons at sixty, and physicians acting physicians at sixty-five. I would then utilize them as consultants.

4505. You heard what Lord Justice FitzGibbon said as regards the redistribution of these grants, or of the income which may be derived from any capitalisation of them?—Yes.

4506. And do you agree with him?—I really think that an exceedingly difficult question, and one upon which I should not be prepared off-hand to give an opinion. I am not aware that when the grant was distributed by Mr. South's Commission, under the arrangement which is now worked by Lord Powerscourt's Board, of any principle that was adopted. They gave the money to the different hospitals without, so far as I can see, having any definite principle to go upon. For instance, they gave money to St. Mark's hospital—an eye and ear hospital; they gave money to the Rotunda, and they did not give any to Baginbun. But I think there would be great difficulty in fixing any principle of distribution.

4507. Of annual distribution?—Yes, of annual distribution. Probably, when the redistribution was made in 1854, Baginbun Hospital did not care to take any share of the fund, and I am not at all sure—if that were so—that they were wrong, because the two systems of support by voluntary subscriptions, and support by State aid, don't work very well together. The public who give the voluntary subscriptions are very apt to bottom up their pockets against institutions that get money from the State.

4508. Mr. KENNEDY.—But if the money which they get from the Parliamentary grant does no more than bear a fair proportion to the income they receive from voluntary subscriptions, and that the work done by the hospital justifies them in appealing to the charitably disposed and benevolent portion of the public, don't you think that that would, at all events, minimise the evil attaching, no doubt, to all Government grants?—No doubt it would minimise the evil, but if I was the governor of an hospital I would still consider whether it would be wise to have anything to say to the grant at all.

4509. If that view prevailed you would give an opportunity or furnish an argument for withdrawing the whole grant?—Well, you must either level up or level down.

4510. If you throw away the fruit and say "it is too bitter, we cannot digest it," you give the Treasury an opportunity of saying that it must be too bitter for others as well,—that the money is not wasted there at all, it must be withdrawn?—Yes, and I only wonder that they did not do so long ago.

4511. Saying that now, let me ask, don't you know of any hospital in Dublin that cannot carry on for want of funds?—Certainly, I know that they are all plucked more or less for funds. Don't misunderstand me, I would not be unwilling that any hospital should get funds from Government to keep it going—it is the conjoint system that I object to, they do not work well together—State aid and voluntary contributions, and the experience is not peculiar to our hospitals. I am sitting on a Royal Commission just now about the blind, and I find that not only when Government money, but when large bequests are given, it has the maintenance effect of warding off subscribers. I think that the voluntary system would work together with a Government grant.

4512. But if they don't get enough to maintain the beds in an hospital from both sources of supply?—If an hospital has enough to keep it going from Government funds I think you may have an admirable hospital, but the mixed system I am doubtful about.

4513. Do I understand you to state that you would continue these large grants, for example, to the House of Industry Hospitals and to St. Steven's—that to the governors and staff that do not exert themselves in collecting funds from the public or as teachers should be given all the reward—they who do so little for themselves?—Well, St. Steven's Hospital gets £1,300 a year, and I believe it would have been better at the present time if it had never received that grant.

4514. Do you believe the same of the House of Industry Hospitals—may I ask?—No, because they rely exclusively on the Government grant.

4515. And why should they be the exclusive recipients of a Government grant?—I don't justify it either



on principle or politically. These grants were originally given to Dublin, partially because of our poverty and partially because of the outcry that was raised. I am old enough to remember when it was proposed that these grants should be withdrawn. I was myself a modest pupil in the Richmond at the time. The proposal actually passed, and Lord Clarendon once himself, and he is opened the hospitals. The reason was this—Ireland was then suffering under the severe depression of a famine—the potato famine, in fact it was a most important moment for the Treasury officials to take the notice into their heads of withdrawing the grants. It became a matter of urgency and prudence combined to reopen the hospitals and after Lord Clarendon had done that it was relegated to a Committee of the House of Commons, practically to formulate some excuse for a continuance of the system. There were really no good reasons or sound principle upon which they could reimpose grants to the Dublin hospitals, as distinguished from those at Birmingham, Liverpool, Belfast, or elsewhere, but sitting about for some excuse, at last some one discovered that Dublin was a magnificent medical school and that was the slender they sought at—medical education—they got evidence—abundance of evidence to show that the great Dublin school would have been injured, as it would certainly have been by the withdrawal of State aid at that particular time, and in their report founded on that inquiry the committee say:—

"The city of Dublin is in a position peculiar to itself, as compared with other towns of the empire. It is a metropolis for the poor, but not for the rich. The value of its property has within the last fourteen years diminished, while local taxation, population and population have increased. It has been shown that the ability of Dublin to support charitable institutions is less than it was when the Commissioners reported in 1842. Almost every witness has stated that it would be impossible to raise a sufficient sum to preserve the hospitals in an efficient state either by voluntary subscription or local taxation; a withdrawal of the grant would therefore have the effect of entirely closing some, and of reducing materially the efficiency of all these valuable institutions."

Yet a few years after that prediction was made we had the Adelaide Hospital built, the magnificent Mater Misericordie commenced, and the hospital beds in Dublin largely increased, so that we had shortly not only to support the then existing hospitals, but to create and maintain very magnificent charitable institutions in addition. The truth is, that although sectarian rivalry is in some of its phases most objectionable and to be deplored, every clod has its silver lining, and we have a happy result produced by the rivalry of the two great religious denominations in this country.

4516. Mr. HOBBS.—Then, do I understand you to recommend, Dr. McDonnell, that Parliament ought not to be asked to continue these grants—that we are in such a flourishing condition as not to warrant our continuing to be beggars?—My opinion, I know, is different from that of others, but as an Irishman I should like to see my country and my countrymen made more independent, and I confess that I should like to see the Dublin hospitals left to themselves so that we might look after our own sick poor. It would, in my opinion, be a far healthier, a more improving state of things for our country than exists at present.

4517. Mr. RICHARD MARTIN.—Are you aware whether these hospitals in Dublin who get part of the Sunday Hospital Fund have found that their subscriptions from private sources have not been lessened in consequence of their taking that grant?—Yes, I believe that is so. I am not a member of the Sunday Hospital Fund myself and have nothing to do with its distribution, but of course I know about that and I believe you are quite correct.

4518. If that is so—if the Government grant were also distributed upon the same principle, that is, by results—a portion given to the hospitals that collected money and did good service both educationally perhaps,

and supporting beds and patients, would that not stimulate the governing bodies?—Well, it is possible, but my experience is that when money comes from a central fund like the Treasury it tends to dry up and close the sources of charity.

4519. But if it was not from the Treasury, but from a committee elected by representatives from perhaps the Corporation and the hospitals—if the grant were capitalised and freed from Government control, placed in the hands of a representative committee to distribute the income annually according to the work done by the hospitals, do you think there would be any objection to receive that money—or any hesitation whatever?—It is possible that such a scheme might work, but I should still fear that it would be an injury. Besides, it would be necessary, of course, to adopt some principle of distribution quite different from that adopted by the Sunday Hospital Fund. I am sure that it was not the desire of the managers of that fund, but the fact remains that it is not equitably distributed. You will see—if you have a return before you that Stevens' Hospital gets very little, and Baginbun Hospital a great deal from that fund. Benevolent persons in years gone past gave us money which produces £5,000 a year now, and Baginbun gets £3,000 a year now from charitable people in subscriptions, donations and bequests. Both incomes, you will observe, are derived from charity, yet that of Baginbun is so reckoned as a factor in the distribution that that hospital receives, as I have told you, a very large share of the Sunday Hospital Fund, while ours is omitted from consideration altogether, with the result that we get a very small portion indeed. I think, therefore, that there must be some explanation of what exactly you mean by results, since obviously, that basis is not a very satisfactory one to work upon.

4520. That would be a matter of detail—suppose it was regulated by the number of beds, the number of patients relieved, and the number of pupils educated?—I think if this grant were to be distributed as you suggest, some principle of that kind would probably be the fairest and most just upon which it could be allocated.

4521. Could you suggest how a board should be constituted to review and decide which hospitals were best entitled to a share of this grant?—That is a difficult thing to suggest, but I should say as Lord Justice Fitzgibbon did just now, some kind of representative board, representing the various hospitals themselves, would be upon the whole the fairest way of doing it.

4522. And what need hospital would you limit the grant to—would you consider that an hospital to be entitled to a share of the grant should have a given number of beds?—I would not draw any hard and fast rule of that kind. I would leave it entirely to the discretion of the board of distribution.

4523. Mr. HOBBS.—There was a statement made yesterday by Dr. Ball about the attendance of pupils at the new hospital, which I would like your opinion upon. Do you think that it is the superiority of teaching that attracts students to an hospital or its particular location and former prestige?—In the main it is the superiority of teaching, but of course it takes some time for that to be discovered. A person won't spring into a large class of pupils any more than a large practice as a lawyer or a doctor all at once. But in the main, the students find out and go to be taught at the hospital at which the teaching is best.

4524. Then how did you lose your school at Stevens?—Oh, it was given up by the board of governors.

4525. But even the clinical teaching. You can still undertake that, and yet we have heard that the surgeons had at times to dress their own cases?—Yes, we can still undertake clinical teaching—that is something different, but medical students being greatly over-weighted during their course of study very naturally select an hospital for clinical instruction which has

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either a school attached or one very convenient. During the four years of his study a medical student is busily engaged attending lectures or reading at one subject or another from morning till night, anatomy, physiology, chemistry, systems medicine, so that he must of necessity select an hospital where he can go in the morning, conveniently attend his lectures and then go back in a spare hour to his hospital again. You could not possibly have a medical school to the city with an hospital on the other side of the Phoenix Park, for instance; but an institution which combines within its own limits the means of teaching the theoretical and scientific branches of the profession with the clinical work the students.

4526. Then you would not be in favour of an hospital outside the city?—No; it could not have success for teaching purposes unless it had a medical school in its vicinity. The vicinity of a medical school is a *sine qua non*.

4527. And if you have no clinical teaching in Steevens' how do you manage the dressing of cases?—We have some few students, generally speaking, but as a matter of fact I went round the hospital this morning with my colleagues, Dr. Hamilton and Mr. Collen, and I think, without vanity, I may say we are three of the best known surgeons in Dublin, and we had one pupil.

4528. How many?—Only one. We generally go round, my colleagues and I, on Saturday mornings together. It is a good old custom, and we used to have from eighty to 100 pupils following us, but this morning, I give it merely as an example, we had the resident surgeon and one pupil.

4529. Then do the nurses do the dressing?—The nurses and the resident surgeons and this one pupil.

4530. The CHAIRMAN.—How do you account for that?—The giving up of the school deprived us of our pupils.

4531. Mr. HURRIS.—You have very good nursing now at Steevens'?—The nursing at Steevens' is admirable. I am glad to have the opportunity of speaking of it. Our lady superintendent, Miss Lindsay, undertakes the training of nurses for the Nurses' Home, conducted by Mrs. Stevens, of Mission square, and other philanthropic bodies, and the training of these nurses is not only admirable for hospital work, but also for private patients.

4532. Mr. AMERSON.—Have you given any consideration to the subject of the amalgamation of the Dublin hospitals?—Yes, I have thought of it, but not at all recently. At the time that I prepared the memorandum for Earl Spencer that I spoke of, I considered that it would be quite possible to have an amalgamation between Steevens' and the House of Indigent Hospitals, but I am afraid that has fallen hopelessly through, because the government did not look very favourably upon it. I thought at one time that a very fine scheme could be made out of that, and that by amalgamating these institutions an enormous amount would be saved for the sick poor which at present goes to the staffs.

4533. We have had a great deal of evidence on the subject of Lock hospitals, is it your opinion that it is desirable to maintain the Lock Hospital as a separate institution?—Yes, I think it would be a great misfortune to Dublin if that hospital were closed. In a respect town like Dublin a Lock hospital is an absolute necessity.

4534. Mr. HOLMES.—Assuming, Dr. MacDonnell, that your weighty opinion has not impeded the continuance of the grant, am I to conclude that you would be in favour of its future distribution being regulated upon the principle of payments by educational results alone?—No, Mr. Holmes, I said with regard to that, that it is an exceedingly difficult matter, which coming upon me now for the first time, I really should not like to give judgment upon off-hand. As I said to Mr. Kennedy, I think it is possible that other schemes might not have so injurious an effect

upon the voluntary contributions, but with regard to this question of redistribution it is a most important one, and one which I would like to consider before replying to one way or another.

4535. I confirm that having regard to your weighty opinion, I wish very much we had heard you at an earlier stage of the inquiry.—I mean on this point of the continuance of the Parliamentary grant?—I should be sorry no doubt, in one point of view to see the Dublin hospitals deprived of the large grant that they enjoy; but I have long held that the moneys which come to Ireland in a variety of ways are not for our improvement, or for our social advancement as a people, and I would be glad to see them curtailed. I believe we would have a far healthier condition of things in Ireland if we were obliged to put our hands in our own pockets, and to maintain our own institutions.

Mr. HOLMES.—I must say that I entirely concur in your views on that subject.

4536. Mr. O'REILLY.—Do you think that special hospitals are necessary for the treatment of children and of eye and ear cases, or would not special wards in a large hospital suffice?—Special wards in a large hospital are infinitely better in my opinion.

4537. Would you have sufficient accommodation in your hospital for children's wards?—We would have if we re-opened our wards.

4538. A number of them are at present closed and idle?—Yes, I would be very strongly in favour of having wards for eye and ear cases, and children's complaints, all within the one general hospital. You would thus save an establishment of charges and pupils might be taught on both adults and children in the same place. I think it would be a great advantage.

4539. And gained at a less expense than is incurred by the present system of separate hospitals?—Yes.

4540. Mr. KENNEDY.—I would like just to clear up a conclusion that might be arrived at from the nature of your answer to my friend Mr. Holmes on the subject of the possible withdrawal of the Government grants. You seem to be of the opinion, not a very widely accepted one I must say, that the Dublin hospitals would be better without any Government grants at all, but let me ask you if these were withdrawn, how in the present condition of Ireland can you possibly expect to support by voluntary contributions the House of Indigent Hospitals, which now lives with £5,000 or £7,000 a year from the Treasury, or have it to one side, how will you be able to support the hospital of my friend Dr. Fife Gibbon, or the Meath, or Steevens' even, if deprived of its £1,300 a year?—Some of them I don't expect to be supported at all. I am perfectly certain that the withdrawal of the £1,300 a year would not kill Steevens', but of course the House of Indigent Hospitals which rely on the grant practically altogether would have to close their doors if it was withdrawn.

4541. The CHAIRMAN.—And you are not in favour of propping up institutions of that kind?—I am not. I think, that in this country we ought to try to do more for ourselves and appeal less frequently to our neighbours for assistance. I would like to have all our hospitals managed as the Mater is—it is a glorious institution, as is one the country is justly proud of, and I am very far from saying—although I don't agree with their views—that the Adelaide is not an admirable and well worked institution. I think these self-sustained institutions form a higher and nobler standard for us to put before ourselves than to be always going across the water attempting to put our hands into the English Treasury.

4542. Do you know how the medical appointments are made in the Mater?—The Sisters there make the appointments after consultation with some of their lay and medical friends.

4543. But practically the Nuns make the appointments?—Yes, practically they do.

4544. And they may choose also, I suppose?—Yes.

the members of the medical staff are their servants in fact, but I believe that the appointments are most admirably well made.

4545. Mr. KENNEDY.—And there have been no disinfects, I think?—The fact I believe is so.

4546. Mr. HOLMES.—I have already asked this question of several witnesses, but I should like to have your opinion as well—do you think, Dr. MacDonnell, that hospitals are distinguished from workhouse infirmaries as necessary?—Yes, I think so. They are used by different classes of the community. The workhouse infirmaries of course deal with the poorer class, while the general hospitals deal with the poor who would become paupers if they were not relieved in time; but no one here or in London considers that a person who seeks relief in an hospital is a pauper.

4547. Could not a workhouse hospital be so conducted and managed as to receive all classes—might there not be pay wards for instance?—As a matter of fact, under the present Irish Medical Charities Act, that is done in the rural parts of Ireland, and I think judiciously done. One of the modes by which the tendency towards out-door relief was most judiciously met by the Irish poor law system was to enable persons to be treated at the Union hospitals without becoming paupers. A farm labourer for instance gets his leg broken, under the regulations of which I speak he is admitted to the Union hospital just as an accident case would be into any of our Dublin hospitals, and he is treated there, regarded as a poor person, but not as a pauper. It is one of the best features of our poor law system as distinguished from the English poor law where no such distinction is made.

4548. Assuming that the Parliamentary grant were withdrawn, and that the subscriptions did not come in in sufficient amount, how would you say that the nightingale fund would be found to maintain the required accommodation in Dublin?—As I have already mentioned, the hospital accommodation in Dublin has very largely increased since the report of 1854, from which I quoted, and is larger than in any other town in the United Kingdom in proportion to population. Vienna has the largest number of hospital beds in proportion to population—one to every 144; Paris has one bed for every 180, or thereabouts; Dublin has one for about every 250, but London has not more than one for every 540.

4549. The CHAIRMAN.—Do you know how Brussels stands?—I do not. I did not go into the figures so far as Brussels is concerned, but in all the continental cities and towns the hospital accommodation is large. In the United Kingdom, however, Dublin shows the largest number of hospital beds in proportion to population.

4550. Mr. HOLMES.—But if hospitals are necessaries, apart from union infirmaries, why should they be dependent for their support upon what I may call the casual assistance of the benevolent, which may fall at any moment?—I think, myself, that all the hospitals should be supported out of public money.

4551. That is out of the rates?—Out of local public funds. It is a great injustice, I think, to take the money from the charitable and let the unfortunate of our free. I think a rate should be imposed to meet the expense of treating all these unavoidable calamities, like accidents, consumption, blindness, deafness, and so on. It is a perfectly sound view economically—it was the view long since adopted by one of our best known economists, the late Judge Langfield, that in all cases of that kind we might dispense with the workhouse test, and that they should be treated in our institutions and be paid for out of local rates. Those are cases which should not be left to the casual charity of benevolent persons.

4552. Then you would confine, in point of fact, the Union workhouse to paupers in the real sense of the word?—Yes.

4553. Paupers who would become so through fault of their own?—Yes, and I believe it is economically a thoroughly sound principle to dispense with anything like the workhouse test in cases of deafness, blindness, consumption, accidents and the like.

4554. But, nevertheless, as they would be supported out of the rates, call them what you please, they would practically be union hospitals?—No; the effect would be totally different. Managed in the way that I should propose it would be more justly viewed as an insurance against accident or disease. Suppose that all of us in this room were obliged to subscribe say is. a year, so that in the event of any of us becoming blind or meeting with an accident we should be entitled to relief, then the acceptance of such relief is quite different from accepting alms as a pauper.

4555. Then you would limit admissions to those who paid rates?—Certainly—that is implied. You convert the rate from being what we now call a poor rate into an insurance against accident or unavoidable disease, and I believe that is thoroughly sound in principle.

4556. But there are many of the industrious poor who do not pay rates at all?—I think provision could be made to take all in—that is a matter of detail.

4557. Sir RICHARD MANTON.—Do you not think that by putting hospitals on the rates, the charge would come much heavier in proportion on the humbler classes of the citizens than on the more wealthy; thus a working man living in a house valued at 25 a year, and a professional man earning £3,000 a year, and residing in a house rated at £100 a year, it would come much heavier on the former in proportion?—It would require a re-adjustment in that respect. I am only speaking now of general principles. And I think as a general principle that those unavoidable calamities which come upon mankind without being brought on by their own cause, or vice, or improvidence, might be wisely dealt with by what we call the insurance principle. And from that point of view, I think one hospital ought to be supported by local rates. And, there would be nothing inequitable in making the tax fall as regards its incidence rather more heavily upon the humbler classes, because it is they who would derive all the benefit. If a wealthy man broke his limb he would not think of going into a hospital. But, I admit at once that the point is a good one, and that the incidence of such a tax ought to be looked into.

4558. You don't agree with Lord Justice FitzGibbon, that it does the wealthier classes good to subscribe to our hospitals, and that it would be a mistake to try and stop their generosity?—I admit that there is something to be said in favour of that also, that was the argument so powerfully used by O'Connell, when the poor law system was going to be introduced into Ireland, and no doubt it is a very good one. I doubt that we see any of us improved by giving our charity through the State, in the form of a tax, but there is this benefit that all above the very poor have to bear their share of a burden that formerly rested on the shoulders of the charitably disposed only.

4559. The CHAIRMAN.—As a general proposition we are to take it, Dr. MacDonnell, that you disapprove of State aid being given to institutions which cannot live without it?—I am not in favour of supporting institutions by State aid. But I never understood—and I speak from some knowledge of the subject—that it was the intention of the Government to contemplate a withdrawal of this grant. What they are anxious to see, is that it should be judiciously used.

Mr. HOLMES.—Yes; but your opinion stands.

4560. Dr. MacDonnell.—No doubt. Before I leave I may say that I brought with me here a copy of a report drawn up by myself and another gentleman, when I was one of the proprietors and professors of the Carmichael School, and it shows what I was most anxious for the Commissioners to see (nodded to). I of course pointed out that a great injury was done to

May 14, 1886

Dr. Robert  
MacDonnell,  
I.R.C.S.

March 6, 1864  
Dr. Robert  
MacDonnell,  
F.R.C.S.D.

Stevens' Hospital, by allowing its school to die out, and I think the House of Industry Hospital, did a like injury to their institution by allowing the Carmichael to go over to the other side of the city. I was always very anxious that an alliance should be established between the hospital and the school—I urged that very strongly indeed, but the board never consented.

4561. Mr. O'REILLY.—If the grant were withdrawn from Stevens' Hospital I understood you to say that

the establishment would fall through?—No, I think not; we have funds enough to carry on with. We get £1,300 from this State grant, but we have private property to a considerable amount. What I did say was, that allowing the school to fall through was a very great injury to the hospital, but Stevens' has considerable funds of its own, and would, no doubt, maintain a very good hospital there even if it lost the Government grant altogether.

Mr. Henry  
Fitzgibbon,  
M.D.

Mr. Henry Fitzgibbon, M.D., recalled and examined.

4562. CHAIRMAN.—I want to ask you one or two further questions about the Lock Hospital—first of all, can you give us any description of the dietary for patients there?—Well, the dietary, in my opinion, is an admirable one. We have got different classes of diet. I cannot give you the exact weights and measures, but we have got low diet, middle diet, full diet, and a children's diet, and each of these is sufficient for the patients who are really ill. You must remember that a great many of the patients in that hospital are not suffering much from any actual illness which would interfere with their appetites, and these we give extras to—that is, the most liberal scale of diet we can give:—Extra milk, oatmeal for making stinnet, arrow-root, beef tea, an egg, XX porter in bottle or on draft. Altogether, the dietary there is as liberal as that of any hospital could be.

4563. Let me ask you another question.—as a general question, do you think it is desirable to have such a hospital?—I think it is absolutely necessary to have a Lock hospital or Lock wards in other hospitals.

4564. But are institutions like the Lock Hospital general in the world—is there one in Paris, for instance?—They are not as usual in large centres, but elsewhere they treat venereal cases in the general hospitals.

4565. In Paris is there an institution like the Lock Hospital?—I never attended the Lock Hospital in Paris as a Lock hospital. I attended for that branch in the Hôtel Dieu, and I saw cases in the Hôpital Lariboisière and in St. Louis. But when I was in Paris I did not specially take up a regular course of this branch. I did not go there for that special study; but I found while I was in Paris that in the hospitals there I had an opportunity, particularly in the department connected with the Hôtel Dieu, of seeing cases of this class that the students of Dublin never see.

4566. But the question I asked was whether there is any special institution in Paris of a kind similar to the Lock here?—I don't know of a special Lock hospital in Paris.

4567. Is there one now in London?—There is, I have been in it.

4568. And in Edinburgh?—I don't know about Edinburgh, but there is one in Liverpool, and it is supported not only by Government but by voluntary contributions.

4569. Might it not be possible to distribute these patients through the hospitals in Dublin by having Lock wards?—Certainly; quite possible.

4570. And don't you think if that were done it would be far better for the patients, and that they would not feel themselves so degraded?—I answered that question I think, in my former evidence. I said that I thought if there were special wards for patients of this class in the general hospitals that a great number would be willing to avail themselves of such accommodation who would not go to the Lock Hospital.

4571. Don't you think also that the women would be more inclined to remain in the general hospital until they were cured?—I do.

4572. Why—can you give us your reasons for that opinion?—Well, I think that in the general hospital

they would have greater freedom of intercourse with their friends; they would be allowed freedom of correspondence, and they would not be harassed by restrictions which, I think, tend to make them go out of the Lock Hospital at present.

4573. They would be treated in short more like ordinary human beings?—Well, I think they are treated like ordinary human beings in the Lock Hospital here, in most respects. But they are restricted in their correspondence. And it is not the letters that are opened in the hospital that makes them go out sooner than they should—it is the letters that don't come there at all. It is a most common case for a patient to insist on going out to-day who was yesterday perfectly satisfied to remain longer, simply because some girl has come in who has told her that there is a letter outside waiting for her. A girl comes in and says, "there is a letter waiting for you at the house with such and such a post-mark;" the patient knows who it is from; she does not choose to have that letter come to the hospital to be opened by anybody, and she goes out.

4574. So that these restrictions you think are bad?—Yes, very bad. There was another matter referred to by Dr. Macdonnell, with respect to the patients being in uniform. He appears to consider that that is objectionable, but a uniform is absolutely necessary in a hospital of that sort.

4575. If you have the hospital at all?—Yes, and you have a separate ward in a general hospital.

4576. Why?—For this reason—that the variety of costume in which these ladies come in would give rise to a great deal of unpleasantness among themselves very often, and it is necessary that there should be a restriction on that. Besides there are another class of persons who come in so exceedingly badly clad that it is necessary to supply them with clothes of some kind. In the general hospitals the patients have clothes which they can wear.

4577. In Paris and London where the women are treated in general hospitals, have the patients a uniform?—In the general hospital in Paris—in the great majority of them the patients are given a uniform when they are able to get up. And in the Lock Hospital in London and Liverpool it is so also.

4578. Mr. KENNEDY.—Are the uniforms in those hospitals as good as yours or better?—They are better. The clothing in our Lock Hospital is, in my opinion, a disgrace to it as a Government institution—certainly a disgrace.

4579. In London and in Liverpool the dress that the women get has less of the convict character, and is more fitted for women?—I don't think that the dress of the Lock Hospital can be said to be of the convict character.

4580. But is it as good as our workhouse costume now?—It is, when new. But there is no immediate supply; and I am obliged to say that the uniforms are often discreditable—I have frequently been ashamed of them.

4581. With regard to the classification of these women—can you arrange to keep those who have come in three or four times separate from those who are sent for the first time?—Yes.

4282. But could you not manage to keep them so separate from each other, without interposing the iron door across the stairs, which is very depressing, and imparts such an air of the prison to the place?—It is not so much the door across the stairs—that is never used, but every sort of wards, the main entrance to which is upon the main stairs, has heavy doors with large bolts outside, which are absolutely unnecessary.

4283. The CHAIRMAN.—Are patients ever locked up in their wards?—Yes; but there is a key inside in charge of the wardmaid. Of course patients are not allowed to take the key, open the door, and roam about the house at will. That would never do.

4284. Mr. KENNEDY.—But what is the use of those heavy prison-like doors and bolts?—They are a relic of the old time, when no matter how good a girl's life was it was shamed off.

4285. That is not done now?—No—though it is necessary sometimes to do it, but I must say that when it is necessary the women quietly submit.

4286. And could not the isolation and supervision that are necessary be carried out without the depressing appearance of those heavy bolted doors—you would not see the same in a well-well in fact?—I don't think in the Lock Hospital at present there is anything very depressing.

4287. There are those prison-like doors, and haven't you stone chains?—Yes; part of the building. And no doubt they have very much the appearance of the stairs of a prison. And these big bolts look bad.

4288. And why not endeavour to get those things removed—got boarded floors, and brighten up the place?—The hospital wards are boarded.

4289. But the corridors and landings?—There are no corridors.

4290. You have a large entrance hall?—Yes.

4291. And stone stairs going up there?—Yes.

4292. And across the stairs, as my memory serves me—I have not been in the place for years—but across the stairs there was a very strong iron door?—Yes; there is a door at the basement, at the foot of the stairs, but it is never shut.

4293. Why not take it away then if it is not wanted; and if it is wanted why not get an ordinary timber door with glass panels, or sunk like?—We might meet those sentimental grievances, but we cannot dispense with the separation at present. With regard to the classification, I think there ought to be a classification that there is not—that is a classification of prostitutes separate from those who are not even on first admission.

4294. Mr. HERRICK.—Isn't there a discipline and air about your hospital more like a penal establishment than anything else; for instance, the women being required to pay particular attention when visitors come in, and a routine that would tend to make people anxious to get out of the place as soon as possible?—Well, as a matter of fact it has been the custom for a number of these patients, when the dergymen or any member of the staff enters a ward, to stand up. I never ordered them to do it, and I think they do it rather out of respect than out of coercion. When I am in the ward, or any length of time, the women of course sit down again. But it is the same in the City of Dublin Hospitals, with which I am also connected—the patients sitting round the fire there will stand up—if there is nothing physically preventing them—as a mark of respect and courtesy. It is not done in any humiliating manner in the Lock Hospital; I am perfectly certain it is not, and that the patients don't feel it so much.

4295. Mr. ARMSTRONG.—Practically your rules in the Lock Hospital is very much the same as in prisons with regard to correspondence?—Practically the same, and it is very bad.

4296. Mr. HERRICK.—It is more like a place for convicts really?—I think there is no doubt that when they went in there formerly women were not treated as patients coming in for relief voluntarily, but that they were treated as convicts to a certain extent, and

the spending of their letters is a remnant of the old system.

4297. But why can they not get rid of the remnants of that old system?—Because the Board of Governors think it desirable to perpetuate them.

4298. Mr. RICHARD MARTIN.—Is there any other reform besides allowing them freedom of getting letters unopened that you would suggest?—I certainly would also allow them a greater freedom of seeing visitors irrespective of class.

4299. Mr. KENNEDY.—But of their own sex, I suppose?—Oh, certainly, but I would have no other restrictions whatever, except as to time. Relatives, friends, or philanthropic ladies wishing to visit the institution to see those people, I would allow them to do so, and I would encourage them to do so. I would allow their friends to see them much more freely than they do, but I would not allow, under any circumstances, male visitors to the hospital, except to the married women's ward, and then I would limit the privilege to patients' husbands.

4300. When patients see visitors are they left alone or see they within the hearing of some official?—I think, nearly always, they see visitors in the hall, and the hall-porter's room or lodge is off the hall. I have frequently seen patients sitting with their friends on the form in the hall having a private conversation, and I am tolerably certain there is no eavesdropping or prying into their private affairs.

4301. Mr. ARMSTRONG.—I don't know whether you were present yesterday when Dr. Macnamara gave us evidence as to the dietary of the Lock Hospital—that it compared very favourably with the dietary in other hospitals in Dublin, and at the same time the cost per bed is decidedly less than that of the other hospitals; do you concur with Dr. Macnamara?—I do, perfectly concur with him. I have, myself, on more than one occasion taken the soup the patients get when on full diet and it is most admirable soup of the class called hotch-potch.

4302. Mr. HERRICK.—If the dietary is so very good how do you account for the fact that the cost of maintenance is so low compared with other institutions?—Mainly owing to the fact that there is a system of dietary there which necessitates the marking of each article of dietary specially for each patient on each day. There is thus no possibility of the accumulation and waste that occur elsewhere by patients being changed from one dietary to another and left on both, as is frequently the case to my knowledge.

4303. Mr. ARMSTRONG.—With regard to the attendance of the members of your Board of Governors, I think you told us before that they are not very regular?—There is a regular attendance of some and an equally regular non-attendance of others.

4304. And the majority are the non-attenders?—Well, there are five or six governors there usually, and not always the same members. But there are some gentlemen who never attend and some who are always there, and they are as a consequence able to carry out whatever views or resolutions they entertain with regard to the management of the institution. I mentioned one rule, when here before, which I think is an exceedingly bad one—"Patients refusing to submit to the discipline of the house, or to use the medicines prescribed for them, shall be expelled, a representation of the facts being made to the Visiting Governors, with whom alone rests the power of expulsion." There is a rider to that, which though not printed there (in the rules) is understood in the institution to be equally the rule—that a patient expelled cannot under any circumstances be re-admitted. But we must readmit them if they present themselves when ill, else the objects of the institution will be defeated. Therefore that rule must be broken whenever the occasion arises. Another rule here is an absurdity under existing circumstances. I may mention that these rules were reprinted recently, in 1885, but I did not see them until very lately; I was away when they were issued; but another rule is—

—Z H

March 2, 1892.

Mr. Henry  
Festerson,  
a.n.

March 6, 1894.

Mr. Henry  
Fenwick,  
M.P.

"No patient to be discharged from the hospital by the medical attendant until perfectly cured of the venereal disease, except when change of air may be deemed necessary to effect it." We have no power to keep them in, therefore that is an absurdity. All we can do to keep them in until cured is to make the place as comfortable for them as possible when they are there.

4606. Mr. HUTTON.—Do you agree as to the necessity for keeping the wards locked—do keep the different classes apart?—Well, I think, as a rule, these women would stop in their own wards, but one or two might insist on going to visit their friends in another ward, and therefore it may be necessary to lock the doors so as to insure separation of the classes, which is most desirable. There is one thing we want very badly, however—a recreation ground.

4606. The CHAIRMAN.—Is there no recreation ground attached to the Lock?—No, the patients cannot get any open air exercise at all, which is a great drawback to the institution. It is absolutely necessary in the treatment of this disease. They have not even a yard to walk about in.

4607. If that is the case, one can't see what is to be added in favour of the institution as it exists?—What can be said in favour of the institution as it exists, is this—that a large proportion, the majority of the patients who come in there, come in suffering from acute venereal disease, which they cannot be treated for in the Dublin hospitals as they exist at present, and for which they are treated there and cured. I refer particularly to local venereal affections, and these are the cases that students have not an opportunity of seeing in Dublin at all in the female. These vary much in women, and in my opinion it is not only advisable but necessary that our students should have an opportunity of learning something about them practically as well as theoretically.

4608. Mr. KENNEY.—You adhere to the opinion you expressed to us before, that if right were done there ought to be a clinical ward in the Lock to which students of three or four years standing could be admitted for instruction?—I do, and I always advertised that each member of the staff should have one or two clinical clerks to do surgical dressings when required.

4609. The CHAIRMAN.—And you would also be in favour of removing the hospital from its present site?—Yes; to a place where there would be an open air exercise ground. Formerly there used to be an apothecary and house surgeon. Now these offices are combined, and in the recent rules they describe the official as the apothecary, providing that:—

"During the absence of the surgeon, he shall attend to any cases requiring immediate medical relief; he shall occasionally visit the wards to see that the medicines have been administered by the nurses, as directed, and shall have power to fine any nurse who shall be found negligent or inefficient in this particular, and report the same to the board at its next meeting."

Now, I maintain that one medical officer is not sufficient to compound the medicines, to dress the patients, to attend to the midwifery department of that hospital, to do all the duties of clinical clerks, and to supervise the nurses. I say there ought to be a house surgeon, and there ought to be an extern qualified clinical clerk to do a certain portion of what

is now the house surgeon's duty. I think that the apothecary or the resident medical officer would have ample occupation—as much as he could do well—in attending to the compounding, going through the wards and seeing that the medicines were properly administered, and in attending to the midwifery cases which come into the hospital; and I think that he ought to be obliged, when appointed, to undertake to devote his entire time to the institution.

4610. Sir RICHARD MARTIN.—Who should devote his entire time to the institution?—The resident medical officer. I don't think he ought to be allowed to engage in any professional work except that of the hospital. The rules provide:—

"He shall, on no account, keep a shop in any part of Dublin, nor undertake the business of any other charity while employed in the hospital, nor leave or suffer to be taken from the shop, or any other store under his care, any drug, medicine, dressing, or bandages for any person but the patients actually in the house."

I don't think that the resident medical officer of such an institution ought to be engaged in any other professional business, above all I don't think that he ought to be allowed to practice while he is associated with that institution as its resident medical officer. I think that by permitting it, his official duty and his private interest may be brought into direct antagonism, and the system has been allowed to grow in the institution, I believe with the knowledge of the governors, although the two offices of house surgeon and apothecary are now combined in one.

4611. Sir RICHARD MARTIN.—Would you get clinical clerks as volunteers—efficient clinical clerks?—Yes. I have asked the Board of Governors on more than one occasion to allow me to enlist the names of one or two gentlemen as clinical clerks—to act as my clinical clerks without pay—and the board, for some reason best known to themselves, have refused that. I believe they are actuated by some pariet principle—they think that young men ought not to be brought into the place at all.

4612. The CHAIRMAN.—You have heard the evidence given here to-day—is there any observation you would like to make upon it?—Yes; there is one point I would like to mention, concerning the question of voluntary contributions and State aid. It was said by Dr. McDonnell that the two systems clashed—that those institutions which are supported by voluntary contributions the government are afraid would lose their contributions if they got State aid. The exact converse applies to the Lock Hospital. The governors there do not think that it is desirable that any public contributions should be got in aid of the institution lest the Government grant might be taken away. I do not believe, however, that the Government grant would be taken away if we got some contributions, and I think we would get contributions if the governors were only willing to invite them, and try as other institutions do to obtain them. A large portion of the public would, I am convinced, give contributions, and that would enable us to provide a greater amount of comfort than at present, particularly in respect of clothing. I do think our patients ought to be better clothed than they are. Their appearance, as I have said, is frequently not only discreditable to the house, but simply disgusting.

Mr. John  
Byrne, F.R.C.

Mr. John Byrne, F.R.C., continued.

4613. CHAIRMAN.—You have had experience as a member of the North and South Dublin Poor Law Boards?—Yes, for several years; and I wish to present the inspectors' point of view upon the question before this Commission.

4614. But you will confine yourself as much as possible to the point of view of the inspectors of the city of Dublin?—Oh, certainly. The celebrity of the Dublin hospitals, and they are justly celebrated for

cumulative as well as teaching purposes, induces patients from all parts of Ireland to seek admission to these hospitals, and the patients found after treatment to be incurable, in numerous cases, then do not return to their own locality but have to be admitted to the workhouse infirmaries, where they remain often for life, to be maintained out of the local poor rates. I therefore say that it would be most unwise to throw the expenses of patients of the classes now treated in

extern hospitals upon the local rates, and I know the ratepayers would strenuously resist such a project if they thought it was seriously entertained by this Commission. Those hospitals were established for the advancement and the teaching of surgical and medical science, and for the treatment and cure of diseases arising in the houses of persons unable to pay the accustomed fees to medical or to surgical practitioners, and for those purposes and those only, the Government grants and private bequests and subscriptions are given to those institutions. It is therefore unfair to charge the local poor-rates with the cost of any such class of patients so treated in any such hospitals, until after the whole number of beds from day to day which the funds of any such hospital are calculated annually to maintain, shall be occupied by the class of patients referred to. The House of Industry Hospitals received from the Guardians of the South Dublin Union patients suffering from fever—fever arising in the workhouse, and for a lengthened period, they made no charge to the Guardians for that class of patients, and they never have made any charge to the Guardians for the class of patients sent in by the dispensary medical officers from the houses of the patients. This (produced) is a certificate signed by Mr. Hughes, Secretary of the House of Industry Hospitals, referable to such cases:—

"South Dublin Union.—Requisitions of Medical Officers of the Dispensaries of the South Dublin Union to admit patients into Hardwicke Fever Hospital, North Brunswick-street, from 10th April, 1853, to 19th January, 1855, maintained and medically treated, free of charge to the Board of Guardians."

The Cork-street Hospital was, up to a period in 1855, billing and charging to the Guardians of the South Dublin Union, 3s. per diem for all the patients sent from the South Dublin Union district by any of the dispensary medical officers, and those were persons not paupers, but artisans, labourers, and others, earning wages and living with their wives and families. This (produced) is the account from the 25th November, 1852, to the 20th March, 1855, when we had an arrangement with the Governors of the Cork-street Hospital, by which those sent from the dispensary districts of the Union should be paid for at the rate I mentioned—3s. a day, and it shows that during that time 794 such patients were so charged for, and the amounts have been paid. The names, occupations, and residences of the patients are set out in the return I hand in. Those in the return whose residences are not given, are pauper patients in receipt of poor relief, and the number so sent to the hospital for treatment during the same period was 316—we found that. The total charge came to a very large sum per annum—between £1,400 and £1,500, and we were of opinion that the Governors of the Cork-street Hospital were asking us to pay for persons contemplated to be maintained in their hospital by the Government grant, and by the bequests and subscriptions of private individuals. We waited upon them on the subject, and after some negotiations we were able to impress them with the justice of our claim for a readjustment, and on the 25th September, 1855, they made this statute:—

"The subject of the terms upon which patients from the South Dublin Union shall be received, having been considered in connection with the views expressed by the deputation from the Board of Guardians at last Thursday, the Managing Committee of the Cork-street Fever Hospital agree, that while patients, direct from the workhouse shall still be charged for, those sent in on the order of the dispensary doctors of the South Dublin Union shall be received free of charge until the total number of patients in the institution number fifty."

That was a concession to our proposition "that although primarily by law the provision for all sick poor persons in the Union is to be made by the Guardians, the Guardians are entitled from the hospitals receiving Government grants, bequests, and subscrip-

tions to the free treatment of those persons in the rank of indigence and labourers not absolute paupers, to the extent of the ability of the hospital, before they should commence to charge us for any case," and we agreed that for every case beyond the number which the normal funds of the institution were calculated to maintain, we would pay the stipulated sum of 14s. per week or 2s. per day.

4615. Mr. HURRIC.—Mr. Byrne, do you think that in the case of an exceptional epidemic, that rule would operate rather against the South Dublin Union?—I think not. The Union is bound by law to provide certain accommodation, and we arrange with the Cork-street Fever Hospital to give it, not paying until they have fifty patients in the house. It works rather in case of the rates.

4616. Mr. KENNEDY.—Is there a record of those patients coming from the country and admitted to our city workhouses?—Yes, such a return can be prepared. But you must be aware of the fact, yourself, Mr. Kennedy, as a guardian of the North Dublin Union, that persons have come straight from the hospitals to the workhouse. I know it is the common experience in both the North and South Dublin Unions, for I have been a member of both boards. Patients recovered and inconvertible from the country districts pass into our workhouses from the extern hospitals, and the workhouse infirmaries, except as regards children, are simply an assemblage of chronic inconvertible cases—persons there to be treated without any chance of cure.

4617. But do they come from the country or do they belong to our own urban districts?—Many come from the country and pass through the extern hospitals into the workhouse infirmaries.

4618. Can we have a return here showing that that actually takes place to a great extent?—Certainly, because an entry is made of the previous residence of each person admitted. In addition, I am opposed to the grant to hospitals being withdrawn or curtailed for this reason—because if that were done, and private benevolence proved inefficient, the balance by which it would fall short would fall upon the local rates, and these rates are at present burdened with a variety of charges wholly foreign to the relief of the poor. They are charged with a number of expenses and the carrying out of a number of details that are of an imperial nature, and which ought never to have been imposed upon them. Therefore they are entitled to whatever case or indirect advantage they can get from extern hospitals maintained in whole or in part by Parliamentary grants of public money. For instance, the poor-rates are charged with the expenses of the Births, Deaths, and Marriages Act, the preparation of the Jurors' Lists, the payment of officers employed under the Public Health Act, the Compulsory Vaccination Act, the Explosives Act, and so on, and I claim that they are entitled to this counterbalancing benefit.

4619. Mr. HURRIC.—In England what rate is charged with these expenses?—I am not aware. With regard to the House of Industry Hospitals we have always endeavoured to axil ourselves of the beds that were vacant, and the governors have always given us the facility. We consider that was a great advantage, as no debt it is. The way we manage about the Cork-street Hospital is this—we get a return every week of the number of patients to the hospital. This (produced) is one of those returns for the week ending 3rd January, showing that they had but twenty-one patients, so that we could have had the balance between that and fifty free. The week's returns are carried forward and the amounts paid at the close of each half year.

4620. Sir RICHARD MARTIN.—With regard to that Cork-street Hospital question, do I understand that the South Dublin Union pays for every patient beyond fifty, whether sent in by the union or not—the excess number?—If the hospital has fifty patients from any place, and we send in one from the Union, we pay for

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that patient. Cork-street Hospital takes patients in from a very much larger area than the union, but if from any source they have fifty and upwards, we pay for all we send in, if they have from all sources twenty, we have thirty beds free and so on up to fifty.

4621. But if there are over seventy and you send

in thirty, how many do you pay for?—We pay for all over fifty if they are sent in from our union.

4622. No matter who sends them in?—Oh, no—only those sent in by our own dispensary medical officers, or from the workhouse. We only pay on the certificate of our own medical officers.

Dr. Michael A.  
Donnelly.

Dr. Michael A. Donnelly, Resident Medical Officer of the Lock Hospital, recalled and examined.

4623. The CHAIRMAN.—First tell us on behalf as you can what you have got to say in addition to your former evidence?—Well, sir, judging from some statements or observations that have been made since I gave my evidence, it appears to be the opinion of some that our patients are not treated as in other hospitals with regard to speaking to them and managing generally. That is not the case. I am there now for six years, and it has always been my endeavour to treat the patients in fact more courteously than patients are generally treated elsewhere, and I have a knowledge of nearly all the hospitals in Dublin. With regard to the locking of doors, such a thing is not the case. There are four wards on one landing. All those wards communicate with each other, and the patients go from one into the other, just as in any other hospital. We only prevent their going down stairs among another class which would give rise to confusion and disorder. There are no iron doors in the whole building.

4624. Mr. KENNEDY.—Were there ever any?—Not in my time.

4625. As a matter of fact, do you know there were iron doors there a few years ago?—Not that I know of.

4626. The CHAIRMAN.—But the patients' letters are opened?—Yes, their letters are opened, and I object to that myself.

4627. By whom are they opened?—By the matron. The letters are opened and read by her; and that is not, as Dr. FitzGibbon stated, a remnant of the old penal laws that were enacted against the patients there—the rule is only nineteen years in force, and it was introduced by the present Chaplain.

4628. Which Chaplain—there are two, are there not?—Yes—the present Roman Catholic Chaplain, Canon Ford.

4629. Have you any farther observations to make?—With regard to my own position, I wish to state that I spend from five to six hours a day in the work

of the Institution. In my opinion the one thing that lies at the bottom of any unpleasantness that attaches to the Lock Hospital is this, that it is not made a special hospital of at all in appointments. The man who is appointed to it should hold for the time no other appointment, because it is an hospital in which, owing to the character of the patients and the disease treated there, neglect and idleness are apt to creep in, no matter how watchful one is, among the nurses, and patients have not the same resources for redress as in other hospitals, because their complaints are very often not believed or not listened to. In my judgment the best lying at the bottom of any complaints to be made about the Lock is that the visiting surgeons have not time enough to go round as they ought, to do and see that each patient has been attended to. With regard to clinical clerks, I may mention that one of the chief reasons why statistics in venereal diseases are so unreliable is that they are not taken by the surgeons themselves, but by these clinical clerks. I have sometimes to question and cross-question a patient three or four times before I come at the truth, but their first answers are recorded by the clinical clerks, and in countless cases out of twenty they are wrong. Not many days ago I asked a woman who must have had the disease for at least three months, "How long are you ill," and her reply was "None, sir, there was nothing in the world the matter with me a week ago." Cases similar to that have been recorded as "extraordinary cases," which occurred I believe in just a similar way, the clinical clerk accepting the first answer, while I probed the patient for the truth. Such work should be done by the surgeons themselves, and requires the exercise of great caution combined with experience.

The Commission adjourned till Saturday, the 13th inst., at 12 o'clock.

March 10, 1886

## SATURDAY, 13TH MARCH, 1886.

The Commission met at noon in the Privy Council Chamber, Dublin Castle.

Present:—Sir ROWLAND ELENORHARRETT, Bart., D.L., Chairman, (presiding); Sir RICHARD MAINTON, Bart., D.L.; Mr. CHARLES KENNEDY, J.P., Mr. R. W. ARMISTEAD HOLMES, M.P. RICHARD OWEN ARMISTEAD, J.P., and Mr. J. P. O'REILLY, T.C.

The Secretary (Dr. MYLES) was in attendance.

The minutes of the previous sitting having been read and confirmed—

Mr. HOLMES.—Mr. Chairman, allow me to make a short statement in consequence of a letter which I have received from Dr. MacCabe. Dr. MacCabe has asked me to correct an erroneous impression which an answer he gave to a question put to him by me, when he was examined before us, seems to have created. I asked Dr. MacCabe whether, in the event of the Home of Industry Hospital buildings being handed over to the guardians of the North Dublin Union, they, as representing the ratepayers, would object to maintaining in those buildings the same class of patients as is now maintained there out of the Government grant. Dr. MacCabe understood me, however, to ask whether they would object to pay for the support of the additional paupers accommodated, and he accordingly replied that they could not object, as they were under a statutory obligation to support the destitute poor. I did not, however, refer to the poorer class, but to the industrious poor—the bread-winners of their families—who, when obliged to seek admission into hospitals

are for the time reduced to poverty; and in asking the question I had in my mind that these persons are, as a matter of fact, now supported in part out of the rates, when they are admitted into hospitals in this city which are in receipt of grants from the Corporation. Now as far as I understand, there is nothing to prevent the Corporation from applying the whole sum so granted to the support of such hospitals, in which case the persons of the class to which I allude, who might be admitted to that hospital, would be entirely supported out of the rates, though the fund from which the grant was derived might not be earmarked as the poor rate. The only possible objection I can see to this proposition is that these grants are given *in view*. I ask permission to make this statement, because when I was away the other day, Mr. Henry Robinson, the Local Government Board Inspector, took objection to that answer of Dr. MacCabe's, and in consequence of that Dr. MacCabe wrote to me explaining what he intended by his reply.



Dr. Gerald Yeo examined.

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Dr. Gerald  
Yeo

4630. CHAIRMAN.—Mr. Yeo, you are Professor of Physiology in King's College, London?—I am.

4631. And you were educated in Dublin, I understand?—Yes, and on the Continent. I was two years on the Continent.

4632. But you know the Dublin hospitals, or at all events know them sufficiently to enable you to form an opinion about them?—Yes.

4633. Would you consider that Dublin at the present moment is over-hospitalled?—I think decidedly so.

4634. When you say decidedly so, do you refer to the number of Boards or to the number of hospitals?—I think to both.

4635. And are you of opinion that it would be for the advantage of this city that a few small hospitals should exist rather than so many?—

Mr. HOLMES.—A few large ones you mean.

4636. The CHAIRMAN.—Yes—a few large ones should exist rather than so many small ones?—Certainly. I think about three good hospitals ought to be sufficient.

4637. For the wants of a city like this?—Yes. For the wants of the city of Dublin.

4638. Would you kindly tell what you mean by large and small hospitals? I mean as regards the number of beds?—The number of beds must be assessed by the relative proportions of the size of the town, and I think for Dublin that an hospital with 300 beds would be a good sized hospital.

4639. Are you in favour, as far as teaching is concerned, of a large hospital rather than a number of small ones?—Certainly.

4640. We have been told here by some gentlemen that instances have occurred where persons become great surgeons who had studied in small hospitals—now do you think that, perhaps, they became distinguished as great surgeons in spite of the hospitals being small, or that if the hospitals had been larger they would have become even more distinguished?—I think that if they had larger hospitals they would have been still greater surgeons, and that it was possibly in spite of their having small hospitals that they became so distinguished.

4641. As regards the treatment of patients—I mean as regards the mortality in large and small hospitals—one gentleman has told me that it was a universally admitted fact that the rate of mortality in large hospitals—however large they may be—greater than in small ones, do you agree with that?—I think that is not universally admitted. It may have been some ten or fifteen years ago before the change in general hospital practice, particularly in surgical practice that is called now a-days “the systematic” was introduced. In the past these large hospitals suffered from certain epidemics difficult to avoid where there was a large number of people crowded together, but in more modern times those epidemics have practically disappeared from large hospitals, and therefore, I think there is no longer any ground for the statement.

4642. Have you any observations to make to us, or suggestions to offer as regards the appointment of the medical staff—the junior appointments for instance?—Whether by examination?—

4643. Yes, exactly?—Well, it is a difficult question, and I think there is something to be said on both sides. Examination, I know, has failed in some instances, because so much more has to be taken into consideration than the mere power of answering at an examination. The examinations would have to be carried on in a much more practical and efficient manner than any examination I have ever had the advantage to meet with during my life, to render them a proper test.

4644. Have you ever seen the system in Paris?—I have something of the system of concours there.

4645. But that is not purely examination?—No, it

is not exactly an examination; it is a more satisfactory test than examinations in this country.

4646. Do you think such a system as that might be introduced with advantage here?—I think in selecting a number of candidates it might, but there are things which require to be taken into consideration frequently, that would not be brought out by the concours, that qualified examiners judging of the individual himself, might be able to settle much better than any test in the shape of concours.

4647. But that is, to some extent, the system of concours, isn't it?—I mean from personal knowledge of the individual, they might acquire information that would be very important.

4648. Will you tell us, please, how the junior medical officers are selected in London?—As a general rule, they are selected by the medical staff—by the medical authority of the hospital. For instance, at King's College they are selected by the medical board, practically. The election is by the council, but the council always accepts the selection made by the medical board.

4649. And is the system found to work satisfactorily there?—I think so.

4650. Do you wish to make any remark as regards union infirmaries—what is the difference between the business undertaken in the union infirmaries and the general hospitals?—The difference in the business, I should say, would be that the union infirmaries naturally should only treat those cases that are absolute paupers, and in the clinical hospitals you have a different class of cases.

4651. Mr. HOLMES.—When you say absolute paupers you mean—?—Persons actually chargeable on the rates.

4652. But, supposing that the case was one that ought to go to a clinical hospital, the mere fact of his being a pauper would not prevent his being sent there; do you not intend to convey that the case to be treated in these union infirmaries are more of a chronic nature, and such as would not yield interesting results for clinical instruction?—I think a union hospital might well be utilized in order to supply useful clinical cases to those hospitals where clinical instruction is given.

4653. The CHAIRMAN.—Would you tell me what, in your opinion, is the number of beds necessary to qualify an hospital to give clinical instruction?

Mr. HOLMES.—Would you not allow him to develop that last answer somewhat. I regard this as most interesting evidence.

4654. The CHAIRMAN.—Have you anything to add on that subject?—Mr. Holmes wishes me to say again that, though the patients going to the union hospital may be chargeable on the rates, such cases as would be useful for clinical instruction, I think, might well be sent to the clinical hospital. In a small place like Dublin I think that would be quite practicable. On the other hand, I think at present in the Dublin hospitals there are many cases treated in so-called clinical hospitals that ought to be in the union infirmaries. I think the clinical hospitals ought to have a totally different staff—they ought to have a staff of teachers which would be quite unnecessary and a waste of energy in a union hospital.

4655. And what would you say should be the number of beds necessary to qualify an hospital to give clinical instruction?—As well as I remember the standard in the College of Surgeons in England is 120 beds; and I really do not know how the clinical hospitals in Dublin manage to get their certificates recognised by the College of Surgeons in England, for, as far as I remember, there are only two hospitals in Dublin that have that number of beds—the Mater and St. Vincent's. One hundred and twenty beds is the standard adopted by the College of Surgeons in London.

4656. Mr. KENNEDY.—That is 120 surgical beds?—No, beds used for clinical instruction, and they must

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be full—they must have this number of patients, not beds merely.

4637. The CHAIRMAN.—So that, in your opinion, this grant which was given—admittedly given—for the purposes of medical instruction, should be confined to hospitals capable of giving that medical instruction—that is to hospitals with 120 clinical beds—I think so, certainly.

4638. Could you tell me, please, the average number of beds in the London hospitals that are now under each surgeon and physician?—Well, clinical teachers have from thirty to sixty beds, I think. Thirty, I think, is the minimum for a clinical teacher.

4639. Do you know what is the average cost per bed in the London hospitals?—It varies. I could not tell you that off-hand, but it is more than in Dublin, because the English generally are more expensive in their mode of living, I think.

4640. Have you formed any opinion as to the advisability of the system of purchase in hospitals—the purchase of appointments—such as we know exists in Dublin?—I had formed an opinion upon the subject before I left Dublin, but I have not thought of it lately.

4641. Perhaps you would state the opinion you had formed before you left Dublin?—Well, I thought it was a very wrong system, and that the fact of a man having a few hundred pounds to give for an appointment was not at all a criterion of the capability of an individual to hold any hospital appointment.

4642. Do you think that that system of purchase has injurious effects upon the profession in Dublin?—I am certain of it.

4643. How—in what way—has injuriously affected it; for instance, would you say in driving people out of the country?

Mr. HATMAN.—Or that the best men were not always selected—

4644. Dr. FEE.—I think I remember cases in which it limited the choice.

4645. Mr. AMERSON.—In England does the system of purchase not prevail at all?—I never heard of it—not in hospital appointments. In private practice it is the usual rule, of course, but that is a different matter—that would be an arrangement between individuals.

4646. Mr. O'BRIEN.—Do you approve of small hospitals for the treatment of the diseases of children and diseases of the ear and eye?—I think they can all be equally well treated at departments of large hospitals. I think the separation of such a class as children, and of ear and eye diseases, is essential and necessary—not necessarily though in a different institution, but in different departments of the general hospitals.

4647. The CHAIRMAN.—Do you think the existence of a Lock hospitals necessary in Dublin—might not such patients be also treated in special wards in other hospitals?—I think they might.

4648. Do you know anything about the Lock Hospital in Dublin?—Not very much—not personally. I have only been there once in my life.

4649. Sir RICHARD MARTIN.—You and you thought three hospitals would meet the requirements of Dublin—is that three general hospitals?—Yes, they would require to be general hospitals.

4650. And, in addition, would you think it necessary to have a Lock hospital and the Maternity hospitals, or would those patients be treated in the same general hospitals?—They might be, but I consider that the maternity hospitals and fever hospitals should necessarily be independent more or less, or ought to be, of these large general hospitals.

4651. That they ought to be in addition to the three general hospitals?—I think so.

4652. Do you look upon it as essential for a medical man, in order to rise to a degree of eminence in his profession, that he should be an hospital surgeon?—Certainly not, but it is thought so in Dublin, I think.

Every one seems to wish to have an hospital; but it is not necessary. It is an advantage, of course.

4673. And do you think that a reduction of the number of hospitals might not interfere with the efficiency of the medical skill and medical talent that we possess in this country?—No, not if they had sufficient subjects to exercise that skill upon. If I were asked my opinion whether there are too many surgeons in Dublin, I would say there are, and too many medical men altogether. It is not for want of hospitals, but from the want of general practice, that they feel, I think, deficiencies.

4674. Do you think it would be for the benefit of the community at large that the medical staff of an hospital should retire after a certain number of years?—Certainly. I think all the leading London hospitals have that rule, as far as I know.

4675. And how is that period calculated?—It is a rule that they must retire, some at sixty and some at fifty-five, and they then assume the honorary position of consulting physician or surgeon.

4676. Well, if a man through great private practice was not able to devote as much attention to clinical teaching as would be necessary for the advantage of the hospital, and of the students attending that hospital, is there any means by which he can be forced to retire before he arrives at that age?—There is. In London the appointments are generally annual—renewable each year, and if a man neglected his business he would not be re-appointed. I think a case of that kind though seldom occurs in England—people are more systematic there than here. All the clinical teachers spend hours at the hospital there, and do their work very well.

4677. Mr. KENNEDY.—Tell me, Dr. FEE, have you visited any of the new workhouse infirmaries in London?—One only, sir.

4678. Which of them is that?—The Fulham Fever Hospital. I am pretty intimate with the working of that.

4679. Can you tell me what was the object of building those infirmaries out of London?—I do not know exactly. The one I refer to is for epidemic diseases.

4680. But you have no experience of them that would enable you to tell us why it was the Poor Law authorities in London anticipated and built those infirmaries outside the district?—I don't know.

4681. And when you, as you did, express an opinion as between the workhouse and the city hospitals—have did you arrive at that opinion when you had not experience in Dublin, and had not visited those buildings in London?—I know the general character of those union hospitals, and I know they are generally conducted by one salaried officer—a young man—who has nothing else to do but to attend to the business there and look after the patients. A clinical hospital would require a staff of teachers, and I know the system of an ordinary clinical hospital; therefore I thought I might make a comparison, and offer an opinion on the subject.

4682. Certainly, I am quite well aware you know all about clinical teaching; but those infirmaries are rather of modern date in London, and I want to confine your evidence to your own knowledge and experience—can you tell us that there are cases fit for clinical instruction in those infirmaries?—Oh, I am certain there may be, but there are no very serious operations done there. Such cases would not be taken in there. Such cases would not be admitted to the union infirmaries, I mean cases that require very energetic surgical treatment.

4683. Suppose, now, in the Marylebone Workhouse a patient is taken in and the surgeons find his case one for amputation—fracture or whatever it may be—do you mean to tell us that they would not undertake to treat that case?—Oh, certainly.

4684. They would treat such a case?—Certainly.

4685. And that would lead in some cases to a very serious operation—a case of amputation?—Oh, yes.

4684. And by whom are they performed?—By the surgeons.

4687. Accordingly he must be very capable of undertaking such an operation?—Yes; he must be a very capable man.

4688. And is he not assisted, as a matter of fact, during these operations by surgeons highly skilled in their profession?—Certainly.

4689. Consequently operations are just as easily performed in the union infirmary as they would be in the clinical hospital, if the guardians take the precaution of supplying the required medical assistance in order to enable this young man you speak of to do the work?—Certainly. I only wished to mark the distinction which really exists, and to distinguish between the two institutions. In the clinical hospital for teaching, certain things are necessary, but everything could be done in a union hospital (provided you have the requisite materials and medical assistance) that can be done in the best clinical hospital in the world. But, as a rule, they are not equally well equipped, and they are certainly not either as unassisted or so well assisted.

4690. Well, now I believe you know everything about the hospitals in Dublin, the Union hospitals in Dublin?—The North Union hospital, that is the only one I have been in.

4691. You know nothing of the hospital at the South Dublin Union?—No.

4692. Well, contrasting the condition of the North Union hospital with the condition of the union infirmaries which you visited in London, do you think the needs of civilization are provided for properly in the North Dublin Union hospital, as to the character of the building, buildings, and the treatment of the patients. What is the far contrast between any of the London infirmaries and the condition of the hospital of the North Dublin Union?—I am afraid the contrast would not be very satisfactory to the North Dublin Union.

4693. In the event of the North Dublin Union agreeing to pay proper men, as in London, to undertake the personal responsibility of the Union hospitals, do you not believe that many of the patients that crowd our clinical hospitals at the expense of voluntary contributions, would find their way to the Union hospital where they would be supported out of the ratepayer's money?—Most certainly. I think there are two causes for the present overcrowding of hospitals in Dublin. In England there is a system of cheap medical advice and medicine, private local dispensaries, and apothecaries, and thousands of cases that are treated at our hospitals or dispensaries are there paid for by the individuals themselves, and afford instruction to the junior and young practitioners. All these people come to the Dublin hospitals. There is no such system here of giving cheap medical advice and medicine. The other reason is the one you have stated. I think there are many cases that would be treated, and satisfactorily treated in your workhouse hospitals that now have to go to the clinical hospitals.

4694. Looking at the working of the Medical Charities Act in Ireland and judging it by your own knowledge, are you not aware that the Union hospitals and infirmaries throughout this country are almost the only centres to which accident cases can be brought in the country?—In the country—yes.

4695. And whatever the advantage might be to have an arrangement such as you have suggested carried out in a city, every one would be disposed to make these Union hospitals and infirmaries to the country as perfect as possible?—Certainly.

4696. Yet you don't expect to have much clinical teaching in Union hospitals?—No.

4697. But in Dublin with the large number of hospitals and teachers we have, what is your objection to allow any of the Union hospitals to give clinical instruction?—Well, I think it introduces an unnecessary complication and attendant obligations. I don't object, but they would require a much larger staff of

medical men, and I don't think, as the students would say, they would even "draw," because they must have many uninteresting cases.

4698. But if the chronic and the old and the incurable cases were separated from the clinical cases, or what we call acute cases, do you not believe that if we had proper men in the Union hospitals that the best of the students being allowed to receive clinical instruction, would keep these men more upon the alert and tend greatly to the benefit of the patients treated in that hospital?—Yes, but it must occupy so much more time. A ward of thirty beds without any student may be very speedily got through, but with a class it would take about two hours or two and a half hours at least.

4699. But that is not true in every hospital. A surgeon does not spend the same length of time with his class at every bedside or in every ward?—Quite true.

4700. The reason I ask these questions is this—and it is as well you should at once understand me—that the condition of the union hospital at present in Dublin is under review, and I want the opinion of an expert such as you are, confining your answers to strict and absolute simplicity. When I asked you if the union hospital filled with chronic and acute cases is not susceptible of being made a teaching hospital, your only objection is the length of time it would occupy the men in going round, that it would be onerous. I ask you is not that the same in all hospitals where clinical instruction is given?—Yes, where clinical instruction is given under a properly constituted staff.

4701. And why do you say we ought not to give clinical instruction in workhouse infirmaries if the best cases are there to be treated?—If you have the best teachers to give clinical instruction, and the best cases there, no doubt, you are capable of giving the best clinical instruction, whether it be a union hospital or any other.

4702. It is an admitted fact that in a city like Dublin or London if an accident occurs, and that that accident is brought to the union infirmary, they are bound to admit it, and support the patient out of the rates, and if brought to the hospital supported by voluntary contributions and admitted on being found a fit clinical case, would not that pauper patient become a tax on the funds of the voluntary supported hospital?—Quite so.

4703. And why should not the ratepayer be compelled to procure proper treatment at the infirmary for every such patient when he goes there?—I know no reason why they should not.

4704. I take that as an answer to my question. Well, another man or—you stated a few minutes ago that that class of cases could not be treated in the union infirmary?—I beg pardon—I don't think I said that. I thought I corrected myself—at all events I meant to say they should not, except in the abstract case, because they would thus rob the clinical hospital of those cases. And suppose, the two classes of hospital to arise, I then distinguish between the two—that the clinical cases should be treated or sent to the clinical hospital for the advantage of that hospital, and for the relief of the union hospital which I would suppose had a less efficient staff—medical or surgical staff; but assuming that they have an equally efficient staff, I don't see any reason why they should not work on exactly similar lines.

4705. Well, when you admit that we have too many surgeons to our hospitals in Dublin, don't you think it would be a great act of charity if these men sub-divided themselves for the treatment of clinical cases in the union hospitals?—If the union hospitals paid for their services, I think it would be most desirable; but I don't know that they would go there on the chance of a class being created at the union hospital.

4706. It is not the class, but if they want practice and if clinical cases are found there, why should you seek to deteriorate the union hospital, and make

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Is necessary that those cases should be sent to the other hospital, if the same treatment could be obtained for them at the union?—I see no reason why, always provided the same treatment can be had in the union hospital.

4707. Mr. HOLMES.—If clinical instruction were given in the union hospitals, would it not be necessary to segregate the diseases—to have the ordinary chronic cases—manicuring from a clinical point of view, put into different wards—and the clinical cases in a different part of the building?—Certainly.

4708. So that practically it would be the same thing as you have just stated—that you would have the union hospitals reserved for the chronic cases, and the general hospital for interesting cases—or a portion of the union hospital set apart for chronic cases and another portion for interesting clinical cases?—Yes.

4709. I want to know what is the actual practice in London if a person in the workhouse hospital, or in the union infirmary is considered a fit subject for the general hospital—in other words that the accident from which he is suffering would be better treated in the general hospital—is it a fact that the outpatients are not required to pay for the cost of that patient when transferred to the general hospital?—I don't know that they are ever transferred in London, because the supply there to the clinical hospital is quite sufficient, and I think they are properly treated in their union hospitals—I don't think there are any patients transferred from the union to the general hospitals.

4710. Mr. KENNEDY.—Then, so I understand, your reply is that in London your poorer patients are treated as efficient as they need be treated in the union hospitals?—Exactly.

4711. And, but for want of disposition or want of means in our Dublin hospitals, your answer is, that they could be as efficiently and well treated in our union hospitals as in the general hospitals?—Certainly.

4712. Mr. HOLMES.—But, do accident cases in London, as a matter of fact, go to the union hospitals?—Those occurring in the union do.

4713. No, but take cases outside?—It is very unusual, unless they cannot get in anywhere else. They will go naturally first to one of the general hospitals, and then if they are not considered fit cases for admission there they go to the union hospital. A person from outside will not go to the union hospital to have an operation performed, and an accident case will naturally not be brought there for treatment.

4714. Do you know whether the industrious poor in London elude, when suffering from disease, to look for relief in the union hospitals—do they regard it as a stigma to accept such relief, as we know the industrious poor in Ireland do?—I don't think so—perhaps not so much as in this country—pride has not so much effect there among the lower classes.

4715. From your recollection of the Dublin hospitals, would you say the medical staff here, as a rule, are over-manned, having regard to the number of beds?—Certainly.

4716. And would you say that the proportion of surgeons to physicians is too great?—In some hospitals I think it is.

4717. Take an hospital of 100 beds, how many surgeons would you say would be sufficient, and how many physicians?—Two surgeons and two physicians with a house surgeon and a house physician.

4718. That would be giving to each of the four principals twenty-five beds?—Yes, with the assistance of the two resident officers.

4719. Mr. KENNEDY.—Let me ask you a question in reference to that—are you aware of the number of beds in the union hospitals in Dublin that the medical officers have to attend to—150, 250, or 300, and you now suggest that there should be six to attend 100 beds?—But the two cases are not parallel. I forget the number of patients that the medical officers have

to treat in the union hospitals in London, but I know it is very large.

4720. Isn't it excessively large?—It is.

4721. And beyond the power or capability of any one man to do the work efficiently or properly?—Well, I don't say that, because the work is so very different to that which is to be done in a clinical hospital.

4722. Are you aware how many patients are under the charge at the present moment of any one medical officer of the North Dublin Union, for instance?—I cannot answer that question, but I should say hundreds. But, in the union hospitals, on account of the class of cases that usually arise there, the work is different, because the hospital is usually supplied from the chronic pool of the union district. They have not many acute cases nor many serious cases, therefore I think it is quite possible that a man could attend to 300 patients safely—that is to say he could visit them twice a day.

4723. Mr. HOLMES.—Then do I understand you to say that in a union hospital in London the cases there treated are of an ordinary character that can be satisfactorily dealt with by one medical officer such as you describe?—The great majority of cases are then arising from the union itself.

4724. Mr. KENNEDY.—Do you mean arising from the union hospital or from the union district?—From the union district.

4725. And are accidents in the streets even brought to the union hospitals and not to the general hospitals?—Certainly.

4726. You mentioned the case of an hospital of 100 beds, and that twenty-five beds were the proper number to put upon the shoulders of any one physician or surgeon—that I understood to be for clinical or operative purposes—but what do you think of requiring any one man, whether in a union hospital or elsewhere to attend to, dress and follow up 300 cases for that is what you have said?—If they were 300 cases of chronic ailments he could not do it, but if they were 300 patients of the type ordinarily met with in a union hospital, he could.

4727. In other words, if he had not to attend to them he could do it?—What I meant to convey was that the two cases are not parallel. In a general hospital we have serious operations and other cases to attend to, which demand a good deal of attention, and when proper instruction is given on each case, I think twenty-five beds would be sufficient for any surgeon or physician. In the union hospitals you have a large number of chronic cases which require from time to time very little deviation of treatment, and a large number of which the medical officer can attend to by simply walking round the wards, and looking about him twice a day.

4728. But when one man has such a large number to attend to, do you think it is possible he can devote sufficient time and care to each case?—If a quarter of the three hundred were cases that required dressing, of course he could not do it, but I assume the medical officer has his staff of clinical clerks and dressers.

4729. The CHAIRMAN.—One of the objections that has been made to large hospitals on the score of teaching, is that the teaching could not be so efficient, because of the number of students standing at the bedside if the class be too large?—I think that might arise with bad administration of the teaching department; but if the hospital is sufficiently large, its class of students should be so distributed throughout the building and throughout the different wards that there would never be a crowd. It is only in a small hospital I think that crowding occurs—where they have not a variety of wards and teachers, and where the students are confined to one or two wards—they are usually crowded around the surgeon or the physician, as the case may be. I have never seen that, for instance, at St. Bartholomew's.

4730. Do you know the Corkin Street Fever Hospital in Dublin?—Not very well.

4731. Have you considered the advisability of handing that over to the sanitary authority—that is to the Corporation?—That is a question I have not considered.

4732. The sanitary authority being responsible for the health of the city, it is a kind of hospital that they might fairly take over?—Oh, I think so.

4733. And have you considered the advisability of supporting the hospitals by a special rate levied on the city?—I have not, sir.

4734. Mr. HOLLAND.—Just one question more—returning to the subject of the London general hospitals, are many of the pauper class treated in those hospitals?—Many—certainly.

4735. And do you receive them as a matter of course, or must they have a ticket of admission from some governor?—If the case is an interesting one it is received as a matter of course, but an uninteresting one would not be admitted unless on the recommendation of a governor. The only restriction upon admission to the London general hospitals is against people who are thought to be too well off. They have special arrangements to meet that—that a patient must not be too well off, for the thing becomes abused through persons in too good a position going to the hospital to get advice from. That is the only criterion. No

matter how poor they are there is no restriction; but they must not be too rich.

4736. Then as I understand, pauper cases that are selected by the doctors as interesting cases are admitted as a matter of course, but that any other persons must get a ticket of admission from a governor?—Yes, that is so. A governor has a right to issue an order of admission, and the house surgeon or whoever is in charge admits any case that he considers would be instructive or useful. He will actually admit the most instructive and the most useful cases independent of the position in life which the patient occupies.

4737. Sir RICHARD MARTIN.—Might I ask, in view particularly of the number of chronic cases that are in the Union Hospitals, do you think there would be any likelihood of a medical man getting a sufficient case there to remunerate him for giving clinical instruction in those hospitals?—In Dublin, I think not with the existing hospitals, because there is not a sufficient number of interesting cases to fill those hospitals.

4738. Mr. ALDERMAN.—Is the system of pay patients common in the large hospitals in London?—Not in the large hospitals. There is only one where pay patients are received—St. Thomas' I think.

Mr. Reginald Harrison, F.R.C.S., examined.

4739. CHAIRMAN.—Dr. Harrison, you are Surgeon to the Liverpool Infirmary?—Yes, I am one of the surgeons of the Liverpool Royal Infirmary.

4740. What is the number of beds in that institution?—We have 250 beds.

4741. And what is the proportion of the population of Liverpool to its entire hospital accommodation?—The entire population of Liverpool up to the present date is, according to a return made to me yesterday, estimated at 1,500,000.

4742. Mr. HOLLAND.—Five millions?—Oh, no, that is a mistake, I mean, 585,000, or a little over half a million.

4743. The CHAIRMAN.—And what is the proportion of your hospital accommodation to the population?—I should say first of all that the hospital which I represent is only one of the hospitals in Liverpool, and to get at the proportion of hospital accommodation to the population, I should tell you the number of beds in the other institutions. We have 250 beds in our hospital—that is in the largest clinical hospital in Liverpool, the Royal Infirmary. Then in the Royal Southern Hospital—also a clinical hospital, we have 300 beds—in the Northern Hospital there are 150 beds—and in Stanley Hospital—the most recent of our hospitals, there are 100 beds; so that practically gives for clinical purposes in Liverpool 700 beds to little over half a million of people.

4744. Can you tell me also the union accommodation?—I can. The union accommodation of course is extremely variable. From some inquiries I made in reference to this Commission, the gentleman who informed me as to it, told me that there was a variation of 50 per cent at different periods of the year—that is to say in winter they must provide 50 per cent more accommodation than they would do in summer. Taking the present time in one union hospital—our largest union hospital—there are 1,000 beds occupied by sick people at Tenthack Workhouse, Mill Road Hospital, 340; Southdown, 300; Walton, 300; so that gives a little over 1,800 union beds to the above population of over half a million.

4745. Sir RICHARD MARTIN.—Do you include Birkenhead, or any of the outlying districts when you speak of Liverpool?—No, except those outlying districts which are within the borough.

4746. The CHAIRMAN.—We are speaking of Liverpool, and of course you do not include Birkenhead or any of the outlying districts?—No.

4747. Do the people in the outlying districts use

the hospitals in Liverpool?—Yes, to a certain extent—the clinical hospitals—and so does a good deal of the population beyond these neighbourhoods, just in the same way as Dublin draws not only from the city but from the area around it.

4748. How are the medical staffs appointed in your hospitals?—The medical staffs of the hospitals in Liverpool are partly honorary and partly stipendiary. The honorary officers—the physicians and surgeons who conduct the clinical teaching of the hospitals, are as a rule appointed by the subscribers who vote for them.

4749. How are the hospitals supported?—They are supported by voluntary contributions, legacies, and donations, and by what we call in Liverpool "Hospital Sunday." A collection is made every year in Liverpool at the various places of worship, and also through the workshops of Liverpool for "Hospital Sunday," of which due notice is given. I saw by the report of last year that the collections amounted to close upon £10,000—£9,516 15s. 3d. in the actual figure. This is divided amongst the various hospitals and voluntary institutions. Just to give an idea I will read for you the first three hospitals on the list to show how the contributions are divided. The Royal Infirmary got £2,230 out of this fund; the Royal Southern Hospital, £1,833; the Northern Hospital, £1,164 8s., and so on down the list you will find the annual division to some of the hospitals is as low as £12. I think this fairly represents the amount of what I would speak of as voluntary work which is done for the hospital and charitable institutions as distinguished from the parochial or union.

4750. What is the distinction between the hospitals and the union dispensaries in Liverpool?—The hospitals are to a certain extent under the management of subscribers—a committee of subscribers and so forth—and people apply to them either voluntary or by means of tickets of admission to those hospitals. So many tickets are given to each subscriber who gives them to those seeking admission. The union institutions are parochial hospitals, and are intended for paupers, or those persons who have no means of contributing anything towards medical relief.

4751. What is the practical difference between the class of patients?—Well, I think very much as Mr. You said. As a rule in the hospitals we have a better class of patients, though of course in a place like Liverpool many of the hospitals are altogether filled by the labouring class who meet with severe accidents

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on the long line of docks, so I should not be disposed to draw a very hard and fast rule between the two kinds of recipients of medical relief.

4752. Have you any pay wards in the Liverpool hospitals?—We have some pay wards. We have some in the Royal Infirmary, but we have some in the Northern Hospital. I think there should be accommodation in the general hospital for a limited number of persons who choose to go there and pay a certain amount per week.

4753. Do you think that pay wards are objectionable in an hospital?—No, I don't think there is any objection to a pay ward. I think a stranger arriving in a town should have all the advantages an hospital can afford him if he chooses to pay for these advantages. I don't see why the great advantages afforded by some of these hospitals, which are now so excellently managed, and which represent the very best kind of medical and surgical aid that can be given in the world—I don't see why these should be confined to people who cannot pay anything for the treatment they receive.

4754. An objection was made before us to pay wards, on the ground that they tended to destroy the practice of the country practitioners by inducing persons to come up to the metropolis for the country, for the purpose of getting the best advice they can, ultimately destroying the practice of the country practitioners, and consequently lowering the status and position of these practitioners—you don't concur with that view?—You might just as well say, if you advance an argument of that sort, that people should not become culprits. Undoubtedly if they become culprits as a surgeon or a physician, certainly they will draw people from various parts of the country; there is no way of preventing it. And if an hospital gives people such enormous advantages, I don't see how you could prevent it either.

The CHAIRMAN (to Dr. Fox).—Did you hear that question, Dr. Yoo?

4755. Dr. Fox.—Yes; and I agree with Mr. Harrison. I see no objection to having pay wards in general hospitals. I don't think they would materially affect practitioners throughout the country. A certain class of cases would go to those wards, and that probably not the most remunerative class to the practitioners at large.

4756. The CHAIRMAN.—But the gentleman who objected, said that if there were pay wards in the Dublin hospitals, the result would be that people would come up from the country to them, and would thus destroy the income of the country practitioners, and the consequence would be that in the end, so good a class of men would not go down to practice there, and therefore that the poor people would not get as good advice as they do now?—I do not think the influence of a few pay wards in the Dublin hospitals would be felt at all throughout the country.

4757. Dr. Harrison.—The only qualification I would make in my statement is this, that of course the people availing themselves of the pay wards must remunerate the charity in a proportionate manner. It would never do to have people coming there and taking the time and medicine of the hospital, without remunerating the charity and the medical officer who attended them.

4758. The CHAIRMAN (to Mr. Harrison).—What is your opinion as to the comparative merits of large and small hospitals—first of all, do you think there is a greater proportion of mortality in large hospitals than in small ones?—I would say from the observation of a good number of hospitals of all kinds, both in my own country and in America, and on the continent, where I saw most of the more recent hospitals—I don't think that there is any distinction between the two, so far as mortality is concerned, since the adoption of the various improved methods of treatment. I think the large hospitals are just as well managed

and conducted, and just as low in their mortality as the small hospitals.

4759. Then as regards clinical purposes?—As regards clinical purposes, I entirely agree with Dr. Yoo, in expressing the general opinion that a city the size of Dublin would be better with three or four hospitals, having from 250 to 300 beds each, than a number of small ones.

4760. I suppose that on looking at hospital statistics—to speak generally—the statistics of hospital mortality may be very misleading?—Oh, yes. I always look with considerable suspicion upon statistics.

4761. But particularly I should say upon statistics of that class?—I generally regard with suspicion too, the persons who make these statistics.

4762. Then these statistics as regards the mortality in hospitals would be practically worthless you think?—Yes, I think they are open to all sorts of fallacies.

4763. Mr. ARMISTEAD.—How many beds are there in the Royal Infirmary to which you are attached?—We have 260 beds. I think it is right I should mention in connexion with the Royal Hospital in Liverpool, that it is going to be pulled down, and a new one built, and without committing myself to anything specific, I think I may say it is the intention of the managers not to build a large institution, but to substitute the present hospital by a modern one of 360 beds. So that in the outcome of their experience, which is by no means limited.

4764. Mr. HOLMES.—What do you estimate the cost of building such an hospital at?—It is very difficult to answer a question like that. There has been a good deal of speculation on the subject, and I would rather not go into that question.

4765. But the managers must have considered that question, as they are going to build a new hospital—they must know what funds they have to do with?—The only figure I heard mentioned was £100,000—not to exceed that.

4766. To build an hospital of 360 beds?—Yes, and purchase the site.

4767. Mr. ARMISTEAD.—Would you tell us what you mean by a large and small hospital relatively?—I should speak of a small one as an hospital having under 100 beds.

4768. That would be a small one?—Yes.

4769. And a large one?—I think from about 150 to 250 or 300 beds would be a large one. Of course there are hospitals in England that run up as high as 700 or 800 beds. These are extremely large hospitals though.

4770. You were going to mention, I think, something about the financial arrangements of the Royal Infirmary?—The total number of cases treated during the year 1884 as in and out-patients was 12,845, of whom 2,825 were in-patients. The daily average number of beds occupied was 240. The infirmary has accommodation for 252 patients. The cost of conducting the institution was £12,000 15s. 8d.

4771. What is the average per bed?—Well, you see our daily accommodation—the actual number of patients treated per day—so that that would have to be divided.

4772. In the distribution of the Sunday Hospital fund, is not uniformity at all observed?—Oh, no; it is quite unscientific. You will find upon the Committee of "Sunday Hospital" representatives of every denomination. It is headed by the Mayor of the city and various prominent people, including all shades of religious and political opinion in the community.

4773. Mr. O'REILLY.—Have you got any test in the promotion of your medical staff further than by being duly qualified?—No; I don't think we have any test.

4774. There is no regard to creed or politics?—No, not of any kind.

4775. Sir RICHARD MARTIN.—Are the appointments made for any specific time on the medical staff?—It is a rule of some hospitals that you have to retire on

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attaining sixty years, and in other hospitals you are limited to twenty years' service.

4776. Have you many pupils in your hospital?—At the Royal Infirmary—of course it ought to be the Royal Hospital—the pupils vary from about 110 to 140 or 150 yearly on the books. It is a large medical school.

4777. What is the fee charged for each pupil?—It varies, but I think it is about twelve guineas a year for the medical and surgical pupils.

4778. That is, for the whole year?—For the whole year.

4779. Then, is that divided among the clinical teachers?—Yes; that is divided among the physicians and surgeons who have to conduct the instruction of these young gentlemen, according to whatever branch of the profession they are pursuing. If a man requires only surgical practice his fee is handed over to the surgeon, for the surgeon would then be the only one who would sign the certificate, and, in the same way, if the pupil is receiving medical instruction only, the medical man gets the fee, as, in that case, he would be the person to sign the certificate.

4780. If the medical gentlemen do not give the clinical instruction provided for, or if they are inefficient in the instruction they give, is there any remedy provided?—I have never known an instance of a medical officer either neglecting to give clinical instruction or to give it in an inefficient manner—in my experience of twenty-five years I never knew anyone to be inefficient or refuse to carry on his share of the work, and therefore I could not tell you what course would be adopted in such a contingency. Of course if a physician or surgeon does not carry on his hospital business properly, as Mr. You remarked, he can be dropped or dispensed with, because we are all elected every year.

4781. Mr. KENNEDY.—When you say you are all elected every year, you mean the governors who formerly appointed you retain the power, though not acted on, of dropping you?—They do.

4782. And is it the habit there that a man after a certain number of years' active work becomes a consulting surgeon or physician as the case may be?—It frequently happens.

4783. Then, on that taking place, does the younger man in the profession be promoted?—As soon as that takes place a vacancy on what is called the active staff is declared, and candidates are requested to apply for it, and then the election is conducted in accordance with the rules of the institution. We may have a good many consulting surgeons and physicians, but they hardly ever enter into the institution unless they are asked to come and see some case of unusual difficulty, that we want to have the benefit of their opinion and experience upon. Perhaps the most experienced men would take no other part of the working of the institution.

4784. So that when these men become consulting surgeons or physicians they practically make room for others?—They do.

4785. And, may I ask, is it the habit there of the incoming man to pay anything towards the funds of the hospital in respect of his appointment?—Nothing.

4786. That is unknown?—Unknown.

4787. Is it known in the practice of any hospital for the surgeon to take a fee or reward from a patient in whose case an operation has been performed, say?—You mean—

4788. I mean if the surgeon performed an operation on a patient in the hospital, or in a room, or in the practice in Liverpool, to take a fee of five or ten guineas if it were offered?—Certainly not.

4789. It is not usual there for the medical or surgical staff to be paid while visiting patients who are legitimate hospital patients?—It would not be right to do so.

4790. Would the governors take notice of it if such a case arose, and that they heard of it?—Certainly.

4791. And what would be the penalty if such a case

were reported and proved?—The governors would probably remove the medical officer or surgeon—he would be dropped. Cases have happened in this way—I think it is only right to mention the matter—the other day a patient whom I thought a fit object for admission into the hospital, came in, and on leaving he said, "I should like to remunerate you for your trouble." Of course my answer was that it was against the rules of the hospital; but I added, "If you have any thank-offering you wish to present it must be to the hospital. I refer you to our treasurer."

4792. Very proper. May I ask you is it by the concurrence or a system of examination that the appointment of juniors is made to the active hospital staff in Liverpool?—We have in the Royal Infirmary five young doctors who are appointed for a period of six months. They receive no salary—they have the advantage of the education and training, and they free run of the hospital.

4793. How are they appointed—who appoints them?—They are nominated by the medical staff of the infirmary, and if the committee are satisfied with their nomination, they are appointed.

4794. When you say five young medical officers, do I understand you to mean that those young men are in receipt of their diplomas?—Yes.

4795. Independent of the clinical clerk and the resident pupils, you appoint five resident physicians or surgeons?—Yes, five—to look after the wants of the house, under the supervision of the paid officer, who we will call the resident medical officer; and these young gentlemen, if we had a considerable number of them, are picked out, but if we had only a dozen, say, we would select them by examination. But it seldom happens that we have only a small number, and, therefore, as a rule we select them.

4796. In such a sized hospital as yours, may I ask, what amount of salary do you give to the resident surgeon?—In the Royal Infirmary with 250 beds, we have one gentleman resident. He is appointed for two years, and he is, generally speaking, about twenty-five years of age—that is a man who has had some little experience in another hospital probably in an analogous position, and he comes and stays with us, and gets £100 each year, and everything band.

4797. Servants and everything included?—Everything, and very good room.

4798. Now, passing from that branch of the subject, may I ask do you approve or disapprove of setting apart wards in a general hospital for the treatment of diseases such as are generally treated in our Lock hospital?—Well, in Liverpool we have a Lock hospital connected with the Royal Infirmary, but it is a detached building, though known as "The Lock Hospital."

4799. But it is under the same management as the Royal Infirmary?—Yes; under the same management.

4800. And do you think that the fact of having the Lock hospital so connected with the general hospital facilitates women entering it for treatment more than if the hospital stood alone or was a separate institution?—I have a strong opinion upon that point. I am very sure it does afford greater facilities to people coming in.

4801. You think it keeps the nature of the disease for which they seek treatment more private?—Exactly. Prostitutes and others who contract venereal diseases would not hesitate to go to a general hospital for treatment, while they would shrink from entering a Lock hospital that was isolated, the very going into which marks out their particular complaint.

4802. I want you now to pay particular attention to this. You, perhaps, may not know that we have in Dublin a Lock hospital for women alone, in a very populous locality of the city, and every patient entering that is known by those who see her going there, to be suffering from that dreadful disease. Now, is it your experience in Liverpool that by having the Lock hospital attached to the general hospital the reputation

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of these poor creatures who resort to you for treatment is screened?—I believe so, to a certain extent.

4808. And do you think the veil or cloak thus thrown over the patients is sufficient to encourage them more freely to go there when suffering from that disease and to remain in it till cured?—I do.

4809. May I ask you in your Lock Hospital what is the nature of the discipline observed when you get a very hardened prostitute who for years has been leading an abandoned life, and a girl who has been only a few years given to vice. Do you classify them?—We have only two wards, one for males and another for females. I don't think that there is any other mode of classification observed.

4810. Assuming there is no classification in the female wards, what rule do you observe in reference to your students—do you allow them to visit the female wards?—No. I think that is a very important question. The Lock department of the Royal Infirmary is conducted by two separate officers—separate surgeons, and although I am one of the surgeons of the infirmary I never go into the Lock Hospital unless I am invited to give an opinion. I was speaking yesterday to our Lock surgeon, Dr. Lyons, and he told me that the students are never allowed to go into the female wards. We stopped that practice two or three years ago, because we found that when the students were allowed into these wards we could not get females to enter the hospital. And since we stopped them going there the beds have always been filled. If we were to revert to the old practice of allowing students to go into the female wards I believe the hospital beds would soon empty again and the place become deserted.

4811. That is a very important test, and bears very closely on a matter we have been inquiring into?—Yes, I observed that, and I just made a note of this on purpose.

4812. Answer me further now, if you please. When you do not admit students into the wards of the Lock Hospital, do you provide cases for them in the general wards from which to study this branch of their profession, or how do you teach them that branch?—In Liverpool they learn syphilis from the male patients only.

4813. And not from the female?—Not from the female.

4814. Perhaps you have not heard of the evidence that was given here by some of our doctors—that it requires separate treatment to make the practitioner as skilled as he ought to be, and that therefore, the students should have practice on both sexes?—I believe that it is desirable, and because it is our practice to teach that disease on the male only, I by no means say that it is the best possible means of teaching students. But an hospital is not only to conduct teaching, but must also have regard to that which is for the public good. We have the two questions to consider.

4815. I think you said you had experience of using female wards of the Lock Hospital for clinical instruction, in Liverpool. Yes, we were in the habit of allowing the students to go round with the surgeon there, but it kept women out of the place, and the practice had to be abandoned.

4816. Would you approve of having a special clinical ward for females suffering from this disease, into which they might go, knowing that instruction would be given there, but where some extra indulgence in the shape of better diet and comforts, would be allowed?—I have not thought that matter over. At first glance, I should rather feel obliged to object to allowing the students into a ward for female syphilitic patients.

4817. Then how do you propose to teach the student on the female patient, if you cannot provide the instruction in the general hospital or in a special clinical ward?—Well, of course, it is a very difficult question to solve, or even approach—how that is to be done. I think, of course, a great deal can be

learned of syphilis from the male, and also from the general run of medical cases in an hospital, but I do not see how the system is to be absolutely perfected without some means of instructing directly from the diseased female.

4818. Supposing you were asked to revise the control and management of the Lock Hospital here, which of the two evils would you consider the least—to leave the place as it is, unapproachable for the purposes of medical education, and let practitioners go forth on the embassy without any practical knowledge of that branch of their profession, or to split up the Lock into sections, so to speak, and scatter them over the different general hospitals, so that teaching could be given on the patients there?—I should be opposed to admitting these patients into the ordinary wards of the general hospitals.

4819. Mr. Harrison.—Do you think, Dr. Harrison, that the voluntary funds contributed to an hospital should bear the cost of what are called "lock patients"—patients of the Lock Hospital?—I think that lock cases are quite as great objects of charity as any other.

4820. But you mentioned just now that hospitals were not intended merely for the purpose of conveying medical instruction, but for the public good as well—don't you think if that is so that they ought to be maintained out of the rates, and should not depend on what I have so often called during this inquiry—the occasional assistance of the benevolent?—I think the system of managing these lock houses, so far as Liverpool is concerned, is not open to question. I see no objection to paying the expenses of the lock ward out of the general hospital fund.

4821. Are any of these cases treated in the parochial hospitals in Liverpool?—Oh, yes, there are a large number of cases treated in the union hospital at Bowdoin-hill.

4822. In clinical instruction given in each of these four hospitals you have mentioned?—Yes, but I should tell you in reference to that, that the Royal Infirmary is practically in possession of the school buildings. The medical school in Liverpool is on the ground of the Royal Infirmary and adjacent. It is now called the University College, Liverpool, and you will see that the students would have to go from that school to the north or south end of the town if they attached themselves to an hospital there, whereas by attaching themselves to the Royal Infirmary, they have the hospital at hand. That is no doubt a great advantage to the Royal Infirmary.

4823. And you have only one medical school in Liverpool?—Yes, and it is centred round the Royal Infirmary. Although, in consequence of those big outlying hospitals—the north and south hospitals being situated on the line of docks, whence they receive a considerable number of accident cases, very energetic students who don't mind the distance will go and take out the practice of those hospitals, because of the number of accident cases and others to be found there. But the majority of the students attach themselves to our institution. That partly explains the difficult state of affairs that exists in Liverpool from Dublin. I see from the list that the students see far more patients in Dublin than with us.

4824. What is the number of the medical staff in your hospital?—The Royal Infirmary—I am putting aside the consulting physicians and surgeons—those who are practically gone on the shelf—

4825. Yes, I allude to your active staff?—We have three physicians and three surgeons, and one assistant honorary surgeon, who helps the three honorary surgeons.

4826. How many beds do you think one surgeon can efficiently take charge of?—I have forty, and that represents about the division with us.

4827. How many doctors of the physicians attend to?—I think about thirty-five.

4828. Mr. KENNEDY.—When you say you control and manage forty beds, I take it that you get the se-



distance of clinical disease?—One of the young gentlemen I told you of is told off to follow and look after my case.

4824. So that practically the forty beds have the attendance of two—a senior and a junior?—Yes.

4825. Mr. HOLLAND.—How do you account for the fact that in Liverpool, with a population double that of Dublin, there is only hospital accommodation, both parochial and voluntary, for about 2,500 patients, whereas in Dublin there are nearly 3,000 beds in the hospitals and unions infirmaries—how do you account for that?—You say that your total number of beds is about three or four hundred more than we have, although you have only half our population?

4826. Yes?—Well, it strikes me that 1,000 hospital beds is rather a large number. I don't know whether you have more sick and infirm people here than we have, but it strikes me that you are over-bedded.

4827. Is it the case that in Liverpool there are many friendly societies, and that the people who belong to them are treated in their own houses, whereas in Dublin, in the absence of such societies, that class of people have to go to the hospitals?—I think that probably would be the explanation. In Liverpool we have what are called dispensaries. If you look at this list—"The 50th Annual Report by the Liverpool Hospital Sunday"—of the attendance at dispensaries, you will find that in 1884 the total number of attendances of patients at the north and south and east dispensaries amounted to 151,867.

4828. Are these union dispensaries?—They are voluntary dispensaries—they are supported by voluntary contributions, and have nothing whatever to do with the union or parochial dispensary, and would naturally relieve the hospitals to a large extent, because the patients are divided into two classes—those that come to the dispensary and receive advice and take their medicine away with them, and those who cannot come to the dispensary get the junior staff to visit them at their own homes.

4829. Do the junior staff visit the poor at their own homes gratuitously?—In connection with these dispensaries, yes—that is to say, a man applying at the dispensary brings a ticket to the resident officer, who asks why the person who sent him does not attend at the dispensary. The man might reply he was not well enough to attend, and will say "I want you to attend him." He then goes and visits him, and if he finds the person suffering from an illness which renders it impossible for him to come to the hospital, he continues attending him until he gets well. In that way, one medical officer tells me, he attends thirty or forty patients a day.

4830. Are these voluntary dispensaries more frequented by the poor than the dispensaries connected with the Union?—What we call the out-door relief at the Union?

4831. Yes?—Well, I don't exactly know the extent to which out-door relief is given, but here (produced) is a document which represents the amount of work at our largest workhouse hospital. The medical officer was good enough to let me have it yesterday.

4832. The CHAIRMAN.—Do you wish to put that in evidence?—I should certainly (documents handed in).

4833. Mr. HOLLAND.—I know also that a great number of those who belong to friendly societies are treated in their own houses by the doctors of the societies, and that relieves the hospitals also?—It relieves the hospitals very largely. I spoke to you a while ago about our "Hospital Sunday" and our means of collecting somewhere about £10,000 a year by means of contributions given at places of worship, and collections made at the various workshops. Here is a document showing how that money is collected. It may be of importance.

4834. Mr. KENNEDY.—On that subject I understand you to state that Roman Catholics, Protestants, Presbyterians, and people of all denominations sub-

scribe to that "Sunday Hospital Fund"?—Yes, every one.

4835. Can you tell me have you in Liverpool an hospital managed by Protestants and into which a Roman Catholic patient is admitted, but in which the management will not permit a physician of his own persuasion to be called on or admitted to see him when he is seriously ill, and administer the consolations of religion to him. Has that ever occurred?—Oh, no; such a thing never took place in Liverpool, I believe.

4836. So that there is no Catholic suffering from that great grievance in any of the Liverpool hospitals?—Certainly not.

4837. Well, I am glad to tell you, as you are a stranger here, we have but one instance of that in all Ireland!—Usually in our hospitals in Liverpool when a patient is admitted there is put put in the corner of the admission sheet a letter, so that I or any of the medical staff may know the denomination to which he belongs in case such information may become necessary.

4838. Mr. AARWATER.—How is the governing body of your hospital appointed?—It consists of twenty-four gentlemen, appointed by the subscribers. There is an annual meeting held each January, when a statement of accounts is laid before the subscribers. The meeting is summoned by advertisement in the public papers, and they appoint by ballot or otherwise a certain number of gentlemen—twenty-four—to conduct the business of the institution. And on that occasion, too, if a medical officer was found incompetent or that he did not do his duty he would be dropped. One of the governors proposes that the medical staff be re-elected, and that is done provided no objection is made; but a man may be "dropped" or not re-elected.

4839. Are any members of the medical staff on the governing body?—At the Royal Infirmary all the active medical—honorary medical officers are.

4840. But the retired medical officers?—No, the retired are not.

4841. Sir RICHARD MARTIN.—In the Lock department of your hospital is there any difficulty in keeping order amongst the patients?—I believe not. We have a resident master to look after that special wing.

4842. How many beds are there in the female department?—Of the Lock wing?

4843. Yes, of the Lock wing?—I think about twenty, but I am not quite sure.

4844. Do you think that if there were smaller wards for those cases that the same objection would exist amongst the patients to allow students—a few selected students—to visit them for the purposes of clinical instruction?—I have not the slightest doubt that the medical officer could by some such method as you suggest devise a plan for teaching the advanced students all they wish to know without breaking any of the known or recognized laws. For instance, one would not like to select a young prostitute who has been but recently seduced, and submit her to the gaze of the students. Yet, on the other hand, there are times when a discreet medical officer would be able to introduce the advanced students and impart the necessary instruction without breaking any fundamental rules. But it is a very hard thing to legislate on this question in black and white.

4845. Mr. HOLLAND.—Do you find any difficulty in Liverpool in collecting money from the charitable for the maintenance of these hospitals?—I think so; we are always in debt.

4846. Have you ever thought of applying to the ratepayers for a rate in aid?—It has been mooted occasionally.

4847. And what response did you get from the representatives of the ratepayers?—Well, they rather looked at it coldly.

The CHAIRMAN.—I wish to thank you, Mr. Harrison and Dr. Yeo, for your great kindness in coming over here at great inconvenience and expense to yourselves, to help us at this inquiry by the valuable information you have given us.

March 12, 1895

Dr. Eggers  
Harrison,  
F.R.C.S.

March 11, 1885.

Mr. John  
Byrne, F.R.C.S.

Mr. HUGHES.—The evidence given by both these gentlemen is very valuable.

4848. Mr. John Byrne, F.R.C.S.—I wish to read an extract from the books of the South Dublin Union, in reference to the evidence which I gave on a former day as to the amount paid by the union to Cork-street Fever Hospital for the maintenance of patients there during the last two years. I find that from the 25th of March, 1883, to the 25th September, 1885, the

South Dublin Union has paid the fever hospital £2,638 9s. This is the return:—

Half year ending	25th March, 1883,	£	s.	d.
"	25th September, 1883,	311	14	0
"	25th March, 1884,	351	8	0
"	25th September, 1884,	437	15	0
"	25th March, 1885,	479	9	0
"	25th September, 1885,	612	16	0
		2,638	9	0

The Very Rev.  
Canon Ford,  
p. 2.

The Very Reverend Canon Ford, D.D., examined by the CHAIRMAN.

4849. You are the Catholic Chaplain of the Lock Hospital?—I am. In the outset I wish to correct a statement made on last Saturday by Dr. Donnelly, to the effect that the system of opening letters addressed to the patients in that institution was introduced by the Roman Catholic Chaplain nineteen years ago. I have occupied the office for the past twenty-three years, and the practice has prevailed during the entire of that time at least.

4850. But do you approve of the system of opening patients' letters?—I do, sir; most assentedly.

4851. And why do you do so—first let me ask what authority have you to open the letters of those patients any more than exists to open the letters of patients in other Hospitals?—Simply, sir, because it is necessary—that is how I justify it. You must remember that that hospital is a very peculiar one, and if you allow documents to go in there from persons outside, all efforts at reformation would be checked and thwarted. I have a case before my mind, which I brought before the Board of Governors last week, of a woman who has received the Holy Communion, and been in preparation to go to America. To that party there was a letter written by the person who seduced her. The matron opened it and showed it to me, and after reading the letter I said that it might ruin the girl altogether if she got it—drew her back into her evil courses. If she got that letter, she would, in all probability, have cast all her good intentions to the winds and return to her former evil ways and bad life. Letters of the most seductive character have been stopped in that way, and girls, who if they got them would have gone to the bad again, have by reason of the temptation being withheld, been rescued and restored to their people. That is done despite the fact that it is known that there are liable to be opened and read, but if that check were removed, I don't know what might happen through correspondence. Again, you have letters of a very efficacious character going in every day, and cartoons flouted before people, if that was permitted without any restraint the injury done to young girls, whom we now endeavour to reform and save, would be simply ruinous. At all events that is my impression, and I have considered the matter for twenty-three years.

4852. But on what authority do you open these letters—what rights has anybody to open the private letters of patients in that hospital more than in any other hospital?—I will tell you the right, Mr. Chairman—when I go into an hospital voluntarily, knowing that it is the rule, and submit myself to that rule, never complaining of it—and I have never heard a patient during all my twenty-three years in the place to complain of it—I may they can be legally opened.

There is a sort of implied contract to that effect, arising out of all the circumstances I have stated—their entering with a full knowledge of the rule, and their not complaining of its application. If patients come in there, knowing nothing at all about it, and that this was done behind-backs, I agree that it would not be proper, but that is by no means the case.

4853. Could not letters be given to patients by visitors?—That is on visiting days at the hospital.—

4854. Yes?—Well the matron is about the place, or the porter, and there are a great many of them together, so that though it is possible, I think it would be difficult. Very few letters could get in that way.

4855. In short, Canon Ford, you are quite satisfied with the present management of the hospital?—An I quite satisfied.—

4856. Yes?—Well there is one thing certain,—that taking it as a whole, I think it is the best hospital in Dublin. I have been in different hospitals—even the hospitals conducted by the nuns, and a dinner hospital, or a better managed place I don't think you will find. And I don't say that from any personal observation or acquaintance, but after twenty-three years experience, and having been there at all hours, up to ten and eleven o'clock at night. I have never seen anything diagnosed in the place, it is always scrupulously clean, and taking into account the class of people we have to deal with there, it is marvellous how amenable to order they are. About admitting the students, I wish to say a word or two.

4857. I think, Canon Ford, with every possible respect to you, that that is rather a medical question?—I beg your pardon, sir. It is more "moral" than "medical." And if you allow me, I will prove it to you, and thereby supply you and the gentlemen present with something to think over, and digest at leisure. Some twenty-three years ago, Dr. McDowell, of happy memory, was resident medical officer of the Lock Hospital, and he kept a class of young men in his own room, where he ground them. When leaving after his lecture, they would endeavour to force open the door of one of the wards to get amongst the inmates. And it often took the doctor, two porters, the matron, and nurses, to prevent them; this took place when they had no access. Open the doors then and give them free scope (it was tried in Liverpool, until the inmates were released to one, when they were obliged to give it up), and you will change the finest and most orderly hospital in this city to the lowest den of iniquity and crime. No clinical clerk then or medical student should be allowed there.

Rev. Benjamin  
Gibson.

Rev. Benjamin Gibson examined by the CHAIRMAN.

4858. You are the Protestant Chaplain of the Lock Hospital?—Yes.

4859. And do you approve of the system of opening the patients' letters?—I do not—I very strongly object to it. My views on this subject are expressed in the briefest possible manner in a letter which I put before the board this morning. Mr. Hughes, our Secretary, has it here, and if you would not think it too much to read—

4860. If you give it to me, I will ask you a few questions out of it. Will you tell us the general of your objection?—This is the letter (reads):—

"3, Sydney-quadr.,  
"Dublin, 15th March, 1885.

"Mr. LOUGHEAN GOSWAMY.—In compliance with the instructions of your board, I beg to state, in writing, my opinion of the practice which obtains in your hospital of having the letters of the patients, to and from their friends,

opened and read by the pastor. I have ascertained that the practice has, in times gone by, had a salutary effect in many cases, but that for some time past there has been no occasion for such supervision, and that the correspondence of the married women has never been interfered with. I am confident that when I first learned that the practice referred to was the rule of the hospital I was not a little surprised, but knowing that it was done with a view to the moral welfare of the patients, and assuming that competent authority had instituted what without notice would be, I believe, illegal, I did not take further notice of the matter. Assuming, however, the legality, I very much doubt the advisability of the practice. I fail to see the benefit of restricting a correspondence on paper when twice a week, for half an hour each time, the patients have opportunity of conversing with all who choose to visit them. This reason, I think, might be deemed sufficient for the abolition of the practice, but I may be permitted to add that I also fail to see the justification for such an infringement of the liberty of those who are not criminals. I regard it as an unnecessary limitation of the patients, and one that may act as a deterring influence on them when requiring the relief which the hospital is intended to afford. I think it conveys more or less the idea of a prison discipline, which I am in a position to testify has no success in your hospital, which is in every respect as much

like a house as possible, where the patients are treated with the greatest kindness and consideration. I therefore think that if your board could see their way to abolish the custom in question, it would be most desirable to do so. I have also to state my opinion as to the desirability of permitting Christian ladies to visit the patients for the work of rescue and reformation. To give permission for such a purpose to any irresponsible party would, I think, be most objectionable, as likely to be subversive of order and discipline, and in other ways injurious; but if permission were granted for such chaplains, in his own department, to introduce a lady or a brother clergyman occasionally, as circumstances might render desirable, the happiest results might ensue—each chaplain, of course, being held responsible to the board for such visits. I have often sadly felt the want of some such assistance, and now feel that I have been to blame for not requesting that permission, which I would now respectfully ask that your board may be pleased to grant.

"I have the honour to be, my lords and gentlemen,

"Your obedient servant,

"BENJ. GIBSON, Chaplain.

"To the Governors of the  
Westminster Lock Hospital."

March 13, 1862.

Rev. Benjamin  
Gibson.

*Dr. Joseph E. Keeny, M.P., examined.*

1861. THE CHAIRMAN.—You are Physician to the North Dublin Union?—I am. I thought it right to offer myself in evidence on the subject of union hospitals from their peculiar aspect—and it is not my intention, except the members of the Commission wish it, that I should touch upon any other subject but the one—the union hospitals to which the poor have an indefeasible right of admission, not depending on the will or pleasure of any one, but by law established. These hospitals are established for the relief of the poor, as matter from what disease they suffer, and for this reason they may properly engage the attention of this Commission, and be considered to come within the scope of their inquiry.

1862. MR. HOARE.—Do they come within our scope with reference to the distribution of the funds?—Not exactly, but I think they do in regard to whatever conclusion the Commission may come to in reference to the whole question of the Dublin hospitals. Such being the case, the first point to which I refer is, that these hospitals be hospitals in every sense of the word—*bona fide* hospitals—that is, that they ought to be able to afford to the poor all that the term implies, and which the law in my opinion obviously intended, namely, all facilities for the treatment and cure of disease of every description. Every form of disease is admitted to these hospitals—both acute and chronic. I have experience of other as well as the union hospitals, and I say there is no real difference in the class of cases admitted to the union and the other hospitals, with perhaps one hint, and that is, that there are but few accidents admitted to the union hospitals. That is easily accounted for, however, first by the fact that the union hospitals are situated at a distance from the centre of the city where accidents are most likely to occur, and secondly, the central position in reference to such localities of the other hospitals. One of the chief causes operating seriously against making the union hospitals what they ought to be, is that they offer no facilities for, or indeed possibility of isolating or classifying cases in such a manner as to afford proper means of treatment.

1863. THE CHAIRMAN.—Let me ask you what means have you at present in your hospital for the isolation or classification of cases?—Practically none, and this stems mainly from the fact that the institution is not only a hospital in the ordinary sense of the word, but it is also a house of refuge where poor people not sick may and do go. The buildings moreover are not constructed as hospitals proper, but more as a general residential house, into which are admitted those who are not sick, as well as those who are. There is no ward but one—the observation ward—in which the

sick and the well are not sleeping together. In the North Dublin Union my brother and myself have continued with much difficulty, in arranging the wards to a limited extent so as to keep separate the sick and the sound, but the arrangement is very partial, and as matters stand any man applying for admission is admissible to any ward in the house in which a bed is vacant. We have endeavoured to carry out some kind of classification, and we have succeeded in doing so, but only to a small extent as I have already remarked. We select as many cases of one class as we can meet and keep them together in one ward; but the general result of the want of proper means of classification is that in almost any ward you take, a large number of beds that ought to contain sick only, are occupied by "crazies," perfectly sound, and thus the sick and well are found together in the same ward, a condition of things equally unfair to both. There is no possibility of avoiding this under existing circumstances, and I wish to direct special attention to the undesirable nature of such an arrangement. That is the first point I desire to bring under the notice of the Commission. The next point is that not only is there this absence of means of isolation and classification, but until quite recently (and now only to a very limited extent), we had moreover no nursing proper whatever in the Union hospitals.

1864. What are your arrangements for nursing now?—So far as competent nursing is concerned we have none. We have no trained nurses; and all the nursing is performed by well conducted persons, chiefly paupers who have been sick themselves, and also men who were not admitted as sick, and who are selected by the Master in consultation with the Surgeon. The Master almost always consults the Surgeon before appointing any one to take charge of a ward. The people so appointed are simply pauper inmates, and have no training whatever, except what we ourselves give them with great labour. After treating a man he may leave the house, and his successor in charge of a ward may be, and almost always is, a very ignorant man, as ignorant as the one succeeded was in the beginning, and he has to be taught the business just the same as the person who preceded him in office. This is generally the fact, and is not a supposition as at all. There is therefore, no such thing as a trained nurse in the whole male department of the North Dublin Union.

1865. MR. KENNEDY.—With the exception of the paid officers over them?—I am coming to that. There are ward masters who are paid, but they are not nurses and know nothing of nursing, and their duties are of quite a different character. They have, in fact,

Dr. Joseph  
E. Keeny,  
M.P.

March 22, 1904

Dr. Joseph R.  
Kenny, M.D.

nothing whatever to do with the nursing, and do not therefore reckon in reference to the question of nursing. They are appointed simply to keep order and discipline among the paupers, and see that any directions given by the master or surgeon are carried out. That is the beginning and ending of their functions, and I trust they perform them well. Not only are there no trained nurses, but there is no accommodation provided for them, were they there, that is, there are no rooms off the wards set apart for them to live in them. I wish to point out, however, an exception to what I have just been saying. Quite recently, within the past year, Protestant sisters have been appointed to take charge of the Protestant inmates and have been introduced into the hospitals, and the contrast in the wards under their charge with the other wards reserved for Catholics is so great, that I am rather surprised a not has not taken place in the latter, so marked in the comfort, cleanliness, and general aspect of the Protestant wards. The contrast is also very remarkable in the appearance of the poor under the charge of the Protestant sisters.

4865. So much better taken care of!—So much better; in fact there is no comparison. In the Protestant wards under the new system there is new real nursing, and order and cleanliness prevail, and all directions are carried out with punctuality and exactness. At the same time I wish it to be clearly understood that while I am pointing out the very defective condition of the nursing in the Catholic wards of the hospital, I consider that poor men in those wards do the best they can and in a humane manner; but as they have no experience or training it is not possible for them to efficiently discharge such onerous and important duties. They fall not from want of heart, but from want of head, and even if they possessed the requisite training and knowledge, the arrangement of the hospitals would render their work abortive and of but little value.

4867. THE CHAIRMAN.—As regards clinical instruction, do you wish to make any observations?—The staff would be the next thing that I propose to deal with. At present, I am dealing with the male department, and excluding departments for the females and children. The children are at present in a separate building, called the Cohen auxiliary, which is working very well. In the adult male department, there are under my brother's charge, 646 beds for male adults, and I have 300 beds under my charge. I had more until the children were removed to the Cohen buildings. For these 300 beds, I have got about 180,000 cubic feet of air space, which gives an average of about 308 cubic feet to each bed. My brother has got for his 646 beds, almost 323,000 cubic feet of air space, giving an average almost the same, of 506 cubic feet to each bed. That is an utterly insufficient amount of cubic space for the treatment of the sick. Whatever may be said of it for the lodging of those who are not sick, it is utterly insufficient for those who are. The Commission probably will reflect that the minimum standard laid down by medical men as essential, is from 1,000 to 1,500 cubic feet. Cases of phthisis are especially numerous in these hospitals, and in all such cases the evils of limited air space are greatly intensified. These cases above all others, require an exceedingly large amount of pure air space, but in the union hospital as at present constructed, there is no possibility of allowing that. In reference to this particular class of disease, I may mention that it is a moot point whether it is infectious or not. I am myself of opinion that there is very strong evidence to support the theory that it is infectious, but while the point is undecided, I think it is unfair to the paupers who come for treatment to the workhouse for other affections, to huddle them together with patients suffering from a disease which we suspect, in the present state of our knowledge, may be infectious. My own observation would lead me to believe it is. I have frequently seen phthisis generated in the wards of an hospital. Of course that is a controversial point, as

I have already said, and I merely mention it. I took the trouble of taking the number of cases lying down to-day in my division, and there are seventy, and of these at least fifty should be seen by me once a day or more. In addition to that, I admitted twelve patients to hospital, and carefully examined each of them. I make it a rule not to admit anyone until I am examine them minutely. I think that is the proper rule to observe. You will therefore see that for me, not only to look after the number of patients actually requiring treatment—patients requiring to be examined, and those requiring to be admitted, will occupy a great deal of his time if he desires that his work should be done efficiently.

4868. When you speak of admissions to hospital, I thought you said there was no hospital—only cases called?—There is not; but every one admitted for relief comes before the surgeon for examination. I think it a very wholesome rule, as those applying for admission to the house may be and frequently are suffering from some infectious disease. Only last week I detected a case of scabies of an aggravated type that was coming into the ward. I of course at once sent the case to the Hardwicke Hospital. Now the whole work of the male department of this large institution falls on two men. There is no assistant whatever given us except by papers or nurses, as I have just described. We have no clinical clerk to report what has been done with the case since the previous visit, or to see that anything the doctor orders is properly carried out. As I have already stated these papers amount to the best they can, but it is impossible they can render efficient services without proper training. I therefore believe that to effect the object I have in view—to make the hospital perfectly first-class—the staff ought to be largely increased—the staff not only should be increased by the addition of clinical clerks, but the hospital would be greatly aided in its ability to the poor by being made a clinical hospital.

4869. What is your view as to the mode of doing that?—I think the Commission should make part of its report a recommendation that union hospitals should be made clinical hospitals, with increased staff. If that were done I believe the College of Surgeons would yield to such a recommendation—in fact I don't see how they could refuse it, if proper facilities were afforded, and additional hospital accommodation provided. I think the Commission might also make a recommendation that additional accommodation, specially adapted for hospital purposes, should be provided at the North Dublin Union. If the House of Industry Hospital and staff, for instance, were amalgamated and made part of the union, the difficulty would be met at once, and you would then have a first-rate teaching staff with plenty of accommodation for the proper treatment of disease, and all the appliances of modern science.

4870. MR. HOSKINS.—I look upon this as the most practical and best suggestion that has yet been made to us.—What I wish is that three divisions should be made in the institution—first, a division for the sick confined together, into which none others would have access. In order to do that you must have small wards, otherwise you would lose a large amount of space. If I take a ward in my division, say No. 6, with sixty beds in it, and suppose I reserve that ward for the treatment of phthisis, and that I had thirty patients in it, then the other thirty beds would be wasted, unless I admit into them patients suffering from other complaints which, I have pointed out, it is very undesirable to do. If, however, I had a small ward of say ten beds, I could fill it with cases of the same kind, and thus lose of space avoided. In the case of a disease, such as phthisis also, such an arrangement would avoid the danger referred to, of those sleeping in wards where cases of that disease exist, and also the danger to and discomfort of the phthisical by the presence in their midst of others who, if not sick at least consuming the air so urgently needed by the

lation. Of course a general hospital may be also subject to such evils if it has large wards, but only in a very trifling degree in comparison. Clinical clerks and proper nursing are urgently needed, and the appointment also of an assistant surgeon, or more than one. As far as I am individually concerned if such a regulation be carried out, I would be perfectly willing to sacrifice a part of my salary, though I hold that I am inadequately remunerated at present—I do not of course come to say that to the Commission—I hold that the poor ought to get that which the law intended to provide for them, and nothing less. Long ago I advocated the admission of Sisters of religious orders for the nursing of Catholic patients in the North Dublin Union, and I believe that that will be carried out in their case very soon.

4871. THE CHAIRMAN.—What arrangements have you for the treatment of lunatics?—None. There is no possibility of treating them as lunatics ought to be treated. They are not only mixed up with the sick, but also with somewhat rough people. I must say, that considering all the circumstances the discipline in the North Dublin Union is exceedingly well observed; but discipline or no discipline you cannot keep an eye at all times on the vast number of people admitted there, and cannot by any precaution prevent ill-disposed or careless people from meddling with lunatics if they are allowed to wander about the establishment many of them do for want of proper accommodation for them. Most of the male lunatics at present are congregated in one ward and a closet set apart for them, but the space is utterly inadequate to accommodate all that are in the house. The number of beds in this ward is not sufficient for the number of lunatics and idiots, and the result is that a considerable number are distributed through other wards, where sick and well are to be found. There is no special apartment for their treatment, and they become the bane of the civilly-disposed amongst the other inmates. Irritation arising from this might be, and I believe, frequently in a case tending to lessen the chance of cure in the case of lunatics not necessarily otherwise incurable. Everyone is aware that kindness, goodness and constant care are most important elements in the treatment and cure of insanity, and in the union there are not attainable under existing circumstances. I think a union hospital the most useful place that could be devoted for the housing of lunatics. I have heard evidence since I came into this room as regards the class of cases that I alluded to at first. It is erroneous as far as the North Union is concerned.

4872. What do you allude to?—Well, I heard Dr. Yee say that he thought the class of cases admitted into a union differed from those admitted into the other clinical hospitals. Of course there is a large number of destitute people who are not considered deserving from a medical point of view, but on the other hand there is a number of cases which would furnish excellent material for clinical observation and instruction.

4873. MR. HOLMES.—I don't think he said that. He said only acute, or in other words, interesting druggal cases should be sent to the clinical hospital, and that the ordinary chronic cases should go to the union hospital?—You cannot do that in the North Union very well. Daily acute cases of the most interesting character come into the house, numbers of cases of acute pneumonia, for example, cases affording opportunity for studying one of the most interesting points in medicine are constantly being admitted, and every day in the week fever cases in, and they are the only class of case which we at once get rid of by sending them as we are bound to do, to a fever hospital, generally the Headwick. Also many cases of acute rheumatism, sudden cases requiring operations of every description. It has occurred that such cases have gone to one of the clinical hospitals first. In some cases there was no room for admission, and I have known cases the nature of which, probably from

superficial examination was not recognised, and which have come to the union where its nature was recognised and successfully remedied by operation. Many successful operations of the greatest magnitude are performed in the union. Within the last two years I have had myself two cases of erosion of the knee joint, which is considered one of the most important operations in operative surgery, I have had three amputations of leg below the knee, and two cases of strangulated hernia. These are all cases of great importance from a clinical point of view. Although, of course, a greater number of cases go to the clinical hospital, still there is no possibility of excluding such cases as those from the North Union Hospital or the South Union hospital on the other side of the city. I have been informed that a medical gentleman who gave evidence here stated that he believed no operations were performed in the North Dublin Union hospital. I do not say that I have been correctly informed on this point, but if there was any such observation made, it is a complete error and I wish my evidence should be recorded as a reply to it.

4874. THE CHAIRMAN.—Now, as to the cost.—Well, the cost is, according to the statistics furnished by the clerk of the union, much less than anywhere else. In the North Dublin Union we feed the patients who are really sick, very well. I take good care they have whatever I consider necessary for them, and there is no restriction placed on me by the guardians—I must say that. We have disagreements as to stimulants, but we discuss those matters in a friendly manner, and no pressure is brought to bear on us to do anything but what we consider proper; and the whole of my evidence here is not in the way of complaint of the North Dublin Union—quite the contrary—I give the guardians every praise, and they deserve it, for the manner in which they look after the interests of the poor committed to their charge. The cost of the food is 49 2s. per annum, and the entire cost of maintenance is £14 about—it is 2s. under it, whereas the next lowest to that—£16 10s.—is, I believe, the Master. The entire cost of the staff and everything is less than £14 with us, and that is much cheaper than in other hospitals. Once my brother and I were appointed to the North Dublin Union we never sent out of hospital any case whatever, except fever, which we are bound by law to send out. We dealt with every case as it came, so we felt it was our duty to do, and that we had no authority or right to transfer cases which we might think difficult to any other hospital, or to say we won't deal with the case except in this way. We conceive it our duty to deal with them, and we do. We deal with all cases. There is no eye department in the union, and it is, I think, important you should know this; and numerous cases come in suffering from disease of the eye, and they often get passed to go out to consultants at the different ophthalmic hospitals through the city. But it would be much better if we had an ophthalmic department set apart for the treatment of such cases. At present they go out on daily post-mortems, but they are not sent out, but simply permitted to do so as if they like to go. If they go out as patients for admission to an ophthalmic hospital, they must take their discharge from the union, and go there on their own responsibility, but not as patients sent by the union. The result of our dealing ourselves with all cases admitted is that the union was never charged except once—and then the charge was, on investigation, disallowed—for the treatment of patients in other clinical hospitals in the city since we were appointed, at all events.

4875. Have you any remarks to make on administration?—No, the hospital is administered, as you know, by a board of guardians, as the whole institution is. There is no difference between it and the general administration of the house; the guardians, I think, administer it exceedingly well. I would wish to see a visiting committee there much more frequently, but I think that would not cure the evils, however vigilant this committee was, which, I think, are in-

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herent in the system, and which require most radical treatment to be got rid of.

4876. Now, kindly allow me to ask you one or two questions. First of all, I want to ask you, seeing that you know so much about the matter, what is your opinion as regards Dr. Biggs's view, that if paying wards were established in Dublin to any great extent they would destroy the maintenance of the country practitioners by reducing their practice, and necessarily curtailing their income?—I have not considered the point, but really as far as I have I do not think it would have that effect.

4877. Then do you think that a fever hospital should or should not be placed under the control of the Sanitary Authority—for instance, take Cork-street hospital, do you think it should be placed under the control of the Sanitary Authority which is the Corporation?—I think so—on the Corporation rests the responsibility of looking after the health of the city, and I think they ought to have under their control every appliance for meeting a threatened epidemic, so as to be able to combat it at its very inception.

4878. Are you prepared to give any evidence as to the advisability of maintaining as a separate institution such an hospital as the Lock?—I am against the maintenance of the Lock Hospital as a separate hospital. I think it would be very much better to have separate wards for the treatment of syphilitic diseases in a general hospital with a proper amount of restriction in regard to the female wards. I have heard the opinion expressed as to the necessity of medical men seeing that disease in the female as well as in the male. I don't concur in that—the disease is identical in man and woman, and if a medical man studies it in the man, he gains so much knowledge of it as if he had studied it in both sexes. The secondary and tertiary manifestations of the disease are interesting and various, but exposure of the person is no more a necessary part of the examination of the patient in those stages of the disease than in any other disease. I believe it could be perfectly as well treated by the study of the disease in the male alone.

4879. Of course you mean you would be in favour of special wards in a general hospital for the treatment of the disease?—Certainly.

4880. Don't you think also if that were done it would remove the objection which is to be met in the Lock Hospital, that those women are treated as if they were criminals?—I was greatly struck by what Dr. Harrison said just now, that in going into a general hospital as one knows what they are going to see, and when the nature of the disease is discovered they could be transferred to a special ward and the outside public be none the wiser. In my opinion the abolition of the Lock Hospital as a separate institution would tend to the diminution of the disease, provided that every proper provision was made for the treatment of that disease in general hospitals.

4881. Sir RICHARD MARTIN. — With regard to availing of the benefit of the union hospital for clinical purposes, do you think it would be necessary to separate the necessarily large number of chronic cases from the more acute cases?—It would be of great benefit to the acute cases to do so, and classification of that kind could with great advantage be carried out.

4882. But would it not be absolutely necessary to do so, because you could not expect students to go round a vast number of chronic cases, picking out here and there an interesting one?—Even if you had no difficulty in classifying the acute cases, students will stand where these are. But I wish to remark that chronic diseases are just as interesting as acute diseases. I was greatly struck with a statement of Professor Val. Bell, of the Saint Antoine Hospital in Paris, who told me, that he considered it a promotion when he was transferred from that hospital, which is one for acute diseases chiefly, to another chiefly intended for chronic diseases, as he considered the latter afforded a wider and more interesting field for investi-

gation. It all depends on the nature of the chronic affection. The charge of being chronic seems to be a reproach, but many of the diseases of the utmost importance to humanity are chronic in their action and nature. Diseases of the nervous system, for example, are very commonly chronic in their course.

4883. And do you think that the number of cases in a union hospital would be quite as useful for instruction as the cases in a general hospital?—I am quite convinced of it. I may inform you that Dr. Corley, who is one of the staff of the House of Industry Hospital, and is a frequent visitor in the house, and extremely obliging and kind, in advising and adjusting as in our operations, has over and over again told me, that he was greatly struck by the vast amount of valuable material, for clinical purposes to be found in the union, where under existing circumstances it is but of little use for the advancement of medical science.

4884. Mr. KENNEDY. — With regard to those three hospitals—the Richmond, Hardwicke, and Whitworth—do I understand you, that if those three hospitals could be affiliated to or amalgamated with the proper union hospital of the North Union, and that if the staffs of the North Union and those three hospitals at present could be induced to treat all the cases that it would be of great advantage, and great service to the poor?—Undoubtedly—that is the drift of my evidence.

4885. That is what you want to impress upon us here?—Yes.

4886. And would you go so far as to state that in the particular ward which you referred to as containing twenty cases of phthisis, and thirty other cases—that if you got the proper and humane ethical contents for your patients, that perhaps those twenty cases of phthisis would not be inefficient for the filling of that ward?—Certainly not.

4887. There was just a liability to some misapprehension about that, but what you state now is clear, and beyond doubt, that if the patients had the ethical space which they ought to have, suffering from that disease, that that ward which you have referred to would not be too large for the accommodation of twenty phthisis patients?—Certainly not. But under existing arrangements, we are obliged to crowd patients in there.

4888. But in reality what you meant to convey was, that with twenty or twenty-five cases of phthisis, the ward would be full if the proper ethical allowance were given to each patient?—Yes, that is what I meant to convey, because I have the complaint, that the ethical space is insufficient. But even taking it as sufficient, there is a waste of space.

4889. And don't you think from your knowledge of the North Dublin Union Hospital and buildings, that Dr. MacCabe and Mr. Robinson were correct in stating that we must not build on our present site, and that it is already, as they put it, overbuilt upon?—There is certainly not any room for further building under existing circumstances.

4890. And do you not say as an expert, that it is the interests of humanity, it is absolutely necessary an auxiliary workhouse, like the London Infirmary, should be provided for the North Union, and that the three hospitals which I have mentioned and their wards should be given up for such a purpose, with crowding advantage?—Certainly, the accommodation should be provided somewhere.

4891. Do I understand that the staffs of the Union, Whitworth, Richmond and Hardwicke Hospitals would harmoniously work together if the amalgamation was brought about?—So far as we, my brother and myself, are personally concerned, I believe there would be perfect harmony, and I have no reason to think it would be otherwise with the staff of these hospitals, who are all men of great professional standing, experience, and skill.

4892. Then don't you think, if that were done, it would be the means of Dr. M'Albin and yourself and your brother and others, opening up the union

useful help could be given, and in that way, a great deal more use might be made of the Government grant towards the advance of education than is being made at present?—That is my opinion distinctly. I would wish to add with regard to the condition of hospitals, either clinical or non-clinical, that it is a well-known fact that patients are better treated in clinical hospitals than in any others, *extero portibus*—for this reason—a man in a non-clinical hospital has no one overlooking him or following him in his work, but a man in a clinical hospital must be on his mettle, and he must keep himself abreast of his profession or he is probably found out, and the peer get the advantage of his hard work. The result is if he possesses the skill, it will be directed to the benefit of the peer. Therefore it would be an enormous advantage to the poor that the hospital should be clinical.

4893. But isn't it a physical fact from the nature of the evidence here, that no matter what our disposition or anxiety may be, under the existing state of the things in the North Dublin Union, it is impossible that two medical officers can give to the large number of patients committed to their charge that care and attention which those patients should receive?—Certainly, it is physically impossible to secure the efficient treatment of the sick in hospital. I give an average of two hours a day to the union hospital—and I know that is not sufficient to do the whole work of the hospital as it should be done. I cannot give more time, and it was never contemplated I should. I am not paid to do so, and if I did I should give my whole time for a very small income. The medical officer fulfils the letter of the law by visiting daily, but if he gives a large proportion of his time, it is a matter with his own conscience. In giving two hours a day I am giving a large portion of my time for the amount of salary I receive from the Guardians, and I do not think it would be reasonable to expect me to give more, but no matter how much time I give the work can never be really efficiently done, as long as we have neither clinical clerks or trained nurses to carry out our instructions.

4894. You heard the evidence given to-day by the experts from England as to the number of beds one man should have charge of?—Yes; I look as thirty beds as the maximum a man would be able to efficiently look after except he gave his whole time to the work of the hospital, and I wish to remark in reference to this that no man should be allowed to spend his whole day over the sick in hospital—not for his own sake, but for the welfare of the patients, as he would infallibly break down if he were to do so constantly, and probably stupify himself, and render himself unfit for work.

4895. You heard the question asked that if he had three were 300 beds in charge of one man, and was told that perhaps these 300 patients should be visited twice a day, and if in consequence of the number of the cases they did not require much time and attention, they require at all events such care as would enable the officers to aggregate the acute cases of disease from the chronic, don't you agree with me notwithstanding the number of chronic cases there may be in the 300 under your charge, that looking after these, attending to the acute cases—following them up from stage to stage—that it is too much work to put on one man?—Certainly, I believe so. It is not possible to do it.

4896. Wouldn't you go this length, that thirty beds filled with acute cases requiring as I said to be followed up from stage to stage, dressed and cared that that would not be too much to put under one man?—It would be quite sufficient, and probably too much to do with satisfaction.

4897. And you have no clinical aid?—None. No clinical clerks or students or any one, and pauper nurses are often brought into requisition who have never dressed an ulcer, made a poultice or given medicine to any one, and very often when we have just trained a man to be useful in that way he goes

out and leaves us, for naturally when we find a man a good nurse we try to discover employment for him outside and deperpetrate him. And so our best nurses have become private nurses after two or three years training. At present I am without the best nurse I had for many years.

4898. Mr. HOSKINS.—Before it would be possible to give clinical instruction in the Dublin Union Hospitals it will be necessary for the Unions either to acquire or erect the requisite buildings?—Certainly.

4899. Do you propose to charge the cost of that upon the rates?—That is a point I have not considered. If the union is to be the administrator of the whole institution, of course, I take it the charge should be on the rates; but if there is a hybrid authority of the Governors and Guardians of the Union, then the cost should be divided between the two bodies who would have the control alike. I cannot say whether it would be competent for the Guardians to have on a Board for the control of Union hospitals or other property any persons not elected or *ex-officio* Guardians. My opinion is rather that they could not; but it is quite competent for them to get the control of an institution either by purchase or otherwise.

4900. Yes, assuming there were two hospitals built in connexion with the two Unions affording sufficient accommodation to all in Dublin requiring hospital relief, is it not almost certain that the benevolent would come to subscribe to the other hospitals, that the creation of these two new ones would in fact have the effect of closing the doors of all the other hospitals in Dublin?—I don't say that, for already the public are under the impression there are Union hospitals, and that has not the effect of drying up charity. I don't think that institutions of the kind you describe would have that effect.

4901. But is it not almost certain that if there were two hospitals in Dublin supported out of the rates that no other hospital could possibly exist—where would the funds come from?—Well you would always have room for special hospitals in the first place which the charitable will support, and I think your question is answered by the fact that these two hospitals do exist now—the North and South Dublin Unions—and concurrently with them all the existing institutions in Dublin.

4902. But as they exist at present it would be impossible to give clinical instruction in them?—Certainly.

4903. And I am assuming the case of two hospitals, one in connexion with the South and the other with the North Dublin Union, equipped according to the most advanced notions of modern science, don't you think such a state of things would have the effect of preventing the public paying subscriptions to the existing hospitals for clinical instruction?—I do not think so, because the question of clinical instruction never enters into the minds of subscribers at all. Clinical instruction is an ideal, a secondary object in a hospital, the welfare of the patient being the primary, and it is of this subscribers think. It is quite true as I have pointed out, that it is better for the poor that hospitals should be used for clinical instruction, but this is a development of the sphere of usefulness of hospitals, but not an essential of their existence.

4904. Well, but if you have two hospitals in Dublin connected with the two Unions sufficiently large to accommodate all the sick poor in Dublin who require to be treated in hospital, why have any others at all? I presuppose, observe, that they are of dimensions sufficiently large to treat all?—But, at present, that which is admittedly hospital space is not utilized as hospital space, and I want to make it utilisable. I don't want to add so much space as would put out of existence the other hospitals, but only so much as would relieve the pressure on the residential buildings and make the new space available for the proper classification and treatment of disease.

4905. I am quite with you, but just a step further.

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You would wish to see proper hospitals built in connection with those Unions in which proper clinical instruction might be given, and I say let these hospitals be large enough to accommodate all the sick poor in Dublin requiring hospital relief?—Well, I am entirely opposed to such aggregation of sick people in one space.

1904. Then don't merely have two hospitals, but four or six if you like, but if once you admit the principle that the cost should be paid out of the rates, why not go a step further and say all cost should be out of the rates?—I go much further than that, for I say it is the duty of the State to do more than providing hospital accommodation.

1907. I quite concur with you, only I distinguish between the State and the locality. One more question—suppose that such a thing ever came to pass that the hospitals in Dublin were maintained out of the rates and that all voluntary hospitals ceased to exist, would it not be necessary to make some provision that a man or a woman seeking admission to hospital should not be registered as a pauper simply because he or she had to go to hospital for medical treatment?—Certainly, I think it would be very desirable that the stigma of pauperism should be removed altogether, and no disability, civil or otherwise, result for admission to hospital no matter how supported. It ought not to be considered any stigma, but the law seems to say it is.

1908. But is it not the case that every one who seeks admission to the Union hospital must be registered as a pauper?—Yes. A man must be considered as destitute to be admitted or be sick, and in either case he is registered as a pauper.

1909. Although the day before he might be a respectable artisan?—Certainly, that is so.

1910. Mr. KENNEY.—Do you not consider that the actual number of patients in the North Union Hospital is a number more than sufficient to fill the hospital, and also to fill the spaces at the Richmond, Hardwicke, and Whitworth Hospitals, if they were all combined?—And more.

1911. So that, as a matter of fact, even if those three hospitals were given to the North Union, nothing more could be done than treat the patients in a humane manner?—Nothing more.

1912. The CHAIRMAN.—You told me that the suppression of the Lock Hospital, and the establishing of wards in the general hospitals would tend to do something to prevent the suppression of that disease?—Yes.

1913. Would you kindly tell me why?—Because, at present, as far as I can learn—my knowledge is limited on this subject—there is an objection on the part of women suffering from disease to go into the Lock Hospital, because going there of necessity pre-

claims their disease; but if they enter the Richmond Hospital or St. Vincent's Hospital, their disease is found out at once, but only by the surgeon, and they are then put into a ward set apart more or less for their treatment, but no one outside is a bit the wiser. They may enter those hospitals without any one knowing their ailment, but let them enter the Lock Hospital, and at once they are known among their friends and companions as being diseased.

1914. Sir RICHARD MARTIN.—If the Richmond Hospital were amalgamated with yours, would you consider it would be suitable to have a Lock ward attached to that which would do in place of the Lock Hospital?—I don't think such accommodation ought to be limited to that hospital alone. It might be a good thing to confine Lock wards to Unions alone, but I think not, because, if it were known that all Lock wards were confined to the Union Hospitals, a young girl apparently healthy, as they usually are, going there, would naturally be suspected, while on the other hand, if there were wards in the other hospitals she would not be open to suspicion. It is not an important point, but I would rather provide the accommodation over so many hospitals as possible.

1915. If the change you suggest was carried out how many surgeons would you consider necessary in your hospital?—There ought to be at least three extra visiting medical officers appointed besides one resident physician, one resident surgeon, and a clinical clerk for each surgeon. The residents would be accountable for the work of the hospital. Of course if present staff of House of Industry Hospitals were taken over by union with those hospitals, no extra visiting medical officers would be required, but my answer above refers to a reformed state of Union Hospital alone, without reference to where new room may be found.

1916. And you would have clinical clerks as well as a resident physician and a resident surgeon?—Certainly, and deans.

1917. Would you think if that were carried out that you would get volunteers as a visiting staff to such an hospital, getting fees from the students attending?—I think so. But part of the scheme I had in view was this, that as the paid places in the hospital become vacant those who act as volunteers, and amongst whom the students' fees would be divisible, should succeed as a matter of right in order of seniority. If such a plan were carried out I think the present paid staff of the Union ought to have no claim on the students' fees at all. I think it would be unjust to the volunteers, if the paid staff got portion of the fees.

Dr. J. Roche.

Dr. J. Roche examined.

1918. I subscribe to every statement the last witness has given. A good deal of his evidence was to be advanced by me; but furthermore I want to deal with the subject of hospital accommodation.

1919. The CHAIRMAN.—Where?—In Kingstown.

1920. Oh, but our inquiry is limited to Dublin?—And in Dublin.

1921. We have had that over and over again?—16,000 of the inhabitants of Dublin are housed in insufficient accommodation—overcrowded, as you heard from Dr. Cameron. They are the laboring class who have insufficient accommodation, and according to the Registrar-General, with a death-rate of forty per thousand per annum. You would have at least six per cent. of this population sick. That would be about 9,600, but only half of those would be able to look after themselves, so that you would require hospital accommodation as I put it for 4,800. As the very outside about half of those will be able to look after themselves. You have been already told that there are 2,000 sick poor housed in the two unions, and thus you require to provide hospital accommo-

dation for 2,800. Now, as a general proposition, I say the larger the hospital the greater the mortality.

1922. That is a medical question, and we have had such a quantity of medical evidence on that point that I don't think it is necessary to follow it up further?—I think the nurse in the union hospitals should be obliged to make themselves acquainted with dangerous signs and symptoms, so that the physician or clergyman of the persuasion of the patient might be sent for. There are certain signs and symptoms that nurses should be made acquainted with. I have been in some of the hospitals in Dublin, and I submit that concourse should be the means by which the sick should be selected—that is, selected in all the public service as I was selected in the Indian Medical Service. For the staffs in Dublin concourse would be the best mode, and the present condition of things with regard to the Board should exist. They should have the power of voting or confirming the names sent up to them. In reference to hospital accommodation and grants, I don't think the money should be expended on large hospitals. It is simply throwing



it away. Large hospitals are four or five times more fatal to disease than small ones, and are not so beneficial to the poor. The money spent on them should be given in the way of promoting medical research rather than in creating large establishments.

1923. That is not our business; what we have to consider is the application of grants to the Dublin hospitals. Have you any more to say?—As to the system of how it should be distributed, I submit it should be by a select general commission which would include several medical men, the Health Officer of Dublin, the Local Government Board Commissioner, and perhaps a few others; and that the grant should be given not merely for the relief of the sick poor, but also for the purposes of medical research.

1924. Dr. Yeo.—I wish to say, Mr. Chairman, in explanation of what Dr. Kenny has just stated—for I think he misunderstands my evidence to a small extent. I meant a resident medical officer with nothing on earth to do except to attend to those wards and houses, and who would not be allowed to devote any time to outside practice, but would be required to attend to his duties in the hospital from nine o'clock in the morning to one o'clock seeing patients, and then in the evening he can devote three hours more; but that no man in private practice could do.

The CHAIRMAN.—This closes the evidence which we purpose taking at this Commission.

March 15, 1924.

Dr. J. Yeats.



# APPENDIX.

## APPENDIX A.

### DUBLIN HOSPITALS COMMISSION, 1885.

#### NATIONAL EYE AND EAR INFIRMARY.

1. Name of your hospital. How and at what time founded?  
National Eye and Ear Infirmary. Established in 1814, under the patronage of the Earl of Whitworth, then Lord Lieutenant, and under the presidency of Mr. (afterwards Sir Robert) Peel—Surgeon Ryall of the Royal Navy was mainly instrumental in forming the institution. See History at beginning of printed report herewith.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
Managed by two trustees, an Hon. Secretary and a Committee of Management.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
The Committee of Management is composed of 9 members and Hon. Secretary, and the Trustees, and two of the Medical Officers are ex-officio members of the Committee.  
The Committee and Hon. Secretary are elected at the annual general meeting.  
The Trustees are appointed by the Government at a general meeting.
4. State the number of Board meetings held every year.  
Twelve regular meetings (one each month), and at such other times as may be necessary.
5. Number of Directors or Governors necessary to form a quorum.  
Three.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
5.68 in the year 1884.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.  

C. E. Fitzgerald, esq., M.D.,	11	Corporate Representatives (elected in 1884)	
T. M. Burton, esq., J.P.,	25	A. Shackleton, esq., J.P., F.R.C.S.	3
John Jameson, esq., J.P.,	10	J. P. O'Reilly, esq., F.R.C.S.	4
Marcus T. Moles, esq.,	15		
George O'Neill, esq., J.P.,	32	Hon. Treasurer.	
Sir George H. Owens, M.D.,	7	Mark Perrin, esq.,	28
J. B. Finn, esq.,	26		
John Richardson, esq., F.R.C.S.	—	Hon. Secretary.	
Charles G. Shanell, esq.,	10	H. B. Swaney, esq., F.R.C.S.L.,	39
George Symes, esq. (elected in 1883),	1		
8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the Hospital expended?  
Accounts are examined at the regular monthly meetings by the Committee of Management, and cheques drawn for payment.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes. By the Hon. Treasurer.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
None.
12. Is your Hospital utilized for purposes of medical education?  
Yes.
13. State total number of beds in your hospital.  
Twenty-six.
14. State average number of beds in daily use during the twelve months ended 31st March, 1885.  
32.61.
15. State the proportion of day nurses to beds occupied.  
0.133.
16. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and military cases, during the twelve months ending 31st March, 1885.  
Intern patients, 392; externs, 2,258, new patients treated first time only. Total number of visits paid by old and new patients during the twelve months, 15,346.

25. What is the composition of your professional staff, distinguishing between resident and visiting?  
Consulting Physician, Consulting Surgeon, 2 Surgeons, 2 Assistant Surgeons, 1 House Surgeon.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?  
None.
27. How are the members of your visiting staff selected?  
By the Committee of Management.
28. At what time are they in the habit of visiting the Hospital?  
Daily at 10 a.m.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.
- Dr. Banks, Consulting Physician.—Not at all.  
Mr. Collic, Consulting Surgeon.—Several times, when called in.  
H. R. Swaney, F.R.C.S., Surgeon.—450 times at least, probably more frequently.  
C. E. Fitzgerald, M.D., Surgeon.—450 times, at least, probably more frequently.  
D. D. Beaumont, L.R.C.S., Assistant Surgeon.—450 times, at least, probably more frequently.  
P. W. Maxwell, M.D., Assistant Surgeon.—450 times, at least, probably more frequently.  
Each Surgeon and Assistant Surgeon attends 5 days each week, but frequently has to visit the Hospital on the other days also. The attendance of the Surgeons and Assistant Surgeons is extremely regular.
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
The two Surgeons only have beds. All the beds belong equally to each Surgeon.
31. How are patients admitted to your Hospital?  
Simply by application to the Surgeons or Assistant Surgeons.
32. Do you receive accident cases?  
Yes.
33. Do you receive cases of infectious diseases?  
Yes. Cases of infectious eye disease.

## DOCTOR STEEVENS' HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
Doctor Stevens' Hospital. Founded in 1793 by proceeds of landed property bequeathed for the purpose by Doctor Richard Stevens.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By Governors, elected, and ex-officio.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
When a Governor retires or dies the Board is summoned and a Governor elected instead, pursuant to Charter of Incorporation, 3 Geo. III., cap. 23.
4. State the number of Board meetings held every year.  
Board meetings are only held when special business requires. The Governors meet in Committee twice every month.
5. Number of Directors or Governors necessary to form a quorum.  
Three members. Five Governors must attend to constitute a Board, according to Act 3 Geo. III., cap. 23.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
Average attendance at Committee, for past twelve months, six. At Board meetings the average attendance for past three years has been 6-80.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

## GOVERNORS.

*Ex-officio.*  
(All for the time being.)  
The Lord Primate.  
The Archbishop of Dublin.  
The Lord Chancellor.  
The Chancellor of the Exchequer.  
The Lord Chief Justice of the Queen's Bench.  
The Lord Chief Justice of the Common Pleas.  
The Lord Chief Baron.  
The Provost of Trinity College.  
The Dean of St. Patrick's.

*Elected.*  
The Lord Ardillan.  
Wm. Colles, Esq., M.D., Surgeon-in-Ordinary to the Queen in Ireland, &c.  
Sir R. Curick, Bt.  
Henry Frick, Esq., M.D.  
Major Percy Grace, Bt.  
T. W. Grimshaw, Esq., M.D., Registrar-General.  
Samuel Low, Esq., J.P.  
Geo. W. Mansell, Esq., Bt.  
J. MacGregor Miller, Esq.  
Horace Rochford, Esq., Bt.  
Robert Warren, Esq., Bt.  
Samuel G. Wilnot, Esq., M.D.

## COMMITTEES.

	Meetings. 1885-6.	Meetings. 1886-7.	Meetings. 1887-8.
R. Warren, Esq.,	4	1	8
Dr. Colles,	21	21	21
Dr. Frazer,	24	24	21
Dr. Grimsdew,	18	17	15
Sir R. Ouseck,	16	16	14
R. Manders, Esq.,	13	2 (Died)	—
G. W. Mansell, Esq.,	12	12	13
S. Law, Esq.,	3	4	2
Major Grace,	—	(Newly elected)	13
J. McG. Miller, Esq.,	—	Do.	9

## BOARDS.—Five since 31st March, 1882.

Sir R. Ouseck,	5	S. Law, Esq.,	2
Dr. Colles,	5	R. Warren, Esq.,	3
G. W. Mansell, Esq.,	3	Major Grace,	1
R. Manders, Esq.,	2	J. McG. Miller, Esq.,	2
Dr. Frazer,	6	H. Rochford, Esq.,	1
Dr. Grimsdew,	5		

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the Hospital supervised?  
By the Managing Committee.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
The accounts are audited every month by the Committee, and annually by a Public Accountant.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
£1,300 a year.
12. State the grounds upon which this grant was originally given.  
For the treatment of the worst class of male syphilitic patients consequent on the closing of the Lock Hospital against males.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
The grant was given, and a continuance thereof claimed on the grounds set forth in a letter addressed to the Under Secretary on 20th of March, 1885, a copy of which is herewith sent.
14. Is your Hospital utilized for purposes of medical education?  
Yes.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
63.
16. State the average daily number of students actually attending your Hospital during the last three years.  
63.
17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
A staff of trained nurses under a qualified Superintendent of Nurses.
18. State total number of beds in your hospital.  
250.
19. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
94.49.
20. State the proportion of day nurses to beds occupied.  
A trained nurse has from 25 to 35 patients under her charge, assisted by 2 probationers or more if required, and also by a wardmaid.
21. State the proportion of night nurses to beds occupied.  
A trained night nurse to each staff nurse.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
From 20 to 55 years.
23. What authority appoints and discharges nurses?  
Superintendent appoints and discharges, subject to approval of the committee.
24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885.  
1,376.  
State total number of patients treated as extern patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.  
Accidents, 2,664; dispensaries, 9,623. Total, 11,675.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
2 consulting physicians, 2 consulting surgeons, 3 visiting physicians, 3 visiting surgeons, 1 oculist and aurist, non-resident; 1 resident surgeon, 1 resident apothecary.

26. Do any, and if so, which of the members of your professional staff receive remuneration from the funds of the Hospital?
- 1 consulting physician, 1 consulting surgeon, 2 visiting physicians, 3 visiting surgeons (a small allowance for each), resident surgeon and apothecary.
27. How are the members of your visiting staff selected?
- Elected by the Governors.
28. At what time are they in the habit of visiting the Hospital?
- Each morning, and when summoned in case of emergency.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.
- |   |   |  |
|---|---|--|
| Henry C. Tweedy, M.D., average, 330 annually. | } | Edwd. Hamilton, M.D., average, 312 annually. |
| Richard A. Hayes, M.D., " 350 "               |   | Robt. McDonnell, M.D., " 350 "               |
| Wm. Collins, M.D., surgeon, " 210 "           |   |  |
30. How many beds are on an average under the control of each visiting physician and surgeon daily?
- 19.
31. How are patients admitted to your Hospital?
- Every suitable case is admitted on application. No recommendation required.
32. Do you receive accident cases?
- Yes.
33. Do you receive cases of infectious diseases?
- Yes, from the Constabulary.
34. If so, state the number of cases of small-pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.
- Small-pox, none; typhus, 15; scarletina, 179; measles, 22; diphtheria, 2; typhoid, 38.

#### ST. JOSEPH'S HOSPITAL FOR CHILDREN, TEMPLE-STREET, DUBLIN.

1. Name of your Hospital. How and at what time founded?
- St. Joseph's Hospital for children, Temple-street, Dublin. Founded by private benevolence, November, 1872. Transferred by its original founders to the care of the Sisters of Charity in July, 1876.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?
- The Hospital is governed by the Sisters of Charity.
3. How are the expenses of the Hospital supervised?
- By the Sisters of Charity.
4. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?
- Audited and published by the Superiors of the Sisters of Charity.
5. Does your Hospital receive an annual grant from Parliament? If so, state amount.
- No.
6. Is your Hospital utilized for purposes of medical education?
- Not at present, but a class is in contemplation, to be formed when the additions at present being made to the Hospital are completed, which will be about October, next.
7. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.
- The nursing is done by members of the Sisters of Charity who are duly trained in some of the hospitals belonging to the order.
8. State total number of beds in your hospital.
- Thirty at present. The new building will accommodate 100.
9. State average number of beds in daily use during the twelve months ending 31st March, 1885.
- Thirty.
10. State the proportion of day nurses to beds occupied.
- Two to every fifteen patients.
11. State the proportion of night nurses to beds occupied.
- One to every thirty patients.
12. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.
- Nineteen to forty years.
13. What authority appoints and discharges nurses?
- The Superiors of the Hospital.
14. State total number of in-patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as out-patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.
- In-patients 275; Out-patients 3,500.

25. What is the composition of your professional staff, distinguishing between resident and visiting?  
One Consultant Surgeon, two Physicians, one Surgeon, one Assistant Surgeon, one Apothecary, all visiting.
26. Do any, and if so, which of the members of your professional staff receive remuneration from the funds of the Hospital?  
None except the Apothecary.
27. How are the members of your visiting staff selected?  
Three names are sent to the Superintendents by the Medical Board from which she appoints one.
28. At what time are they in the habit of visiting the Hospital?  
From 10 o'clock to 12 daily.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.  
Physicians—Drs. McVeigh and Mero Madden.  
Surgeons—C. F. Baxter, M.D. and J. McCallagh.  
Apothecary—Mr. D. O'Leary.  
All the Doctors and Surgeons visit the Hospital daily.
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
Ten beds.
31. How are patients admitted to your Hospital?  
The qualifications are sickness and poverty, and to be under the age of ten years.
32. Do you receive accident cases?  
Yes.
33. Do you receive cases of infectious diseases?  
No.

#### MERCER'S HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
Mercer's Hospital. Founded by Miss Mary Mercer in 1734.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a Board of Governors.
3. If administered by a Board of Directors, describe method of appointment of members of Board?  
Governors elected by Ballot, one black bean in five excluding.
4. State the number of Board meetings held every year.  
Twelve ordinary meetings, special meetings on requisition by at least three Governors.
5. Number of Directors or Governors necessary to form a quorum.  
Five.
6. State the average number of Directors present at the regular Board meetings as shown by the minutes of the various meetings.  
Eight Governors.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.  
His Grace the Lord Primate, 0; His Grace the Lord Archbishop, 0; The Right Honourable the Lord Chancellor, 0; The Lord Bishop of Exeter, 0; Thomas Williams, Esq., 0; Rev. Charles Tisdall, M.A., 0; Rev. Thomas Long, 0; William Jamison, Esq., J.P., 38; Thomas A. Cusack, Esq., 31; Joseph Abbott, Esq., 35; Edward Stamer O'Grady, Esq., 55; Frederick A. Nixon, Esq., 58; M. A. Ward, Esq., 43; Thomas P. Mason, Esq., 38; C. F. Knight, Esq., 38; Thomas H. Taylor, Esq., 17; Samuel V. Peck, Esq., 34; George F. Duffy, Esq., 9; Henry A. Corcoran, Esq., 9; Thomas Jackson, Esq., 1; James Bonavent, Esq., 5; Henry Ross Adams, Esq., 5; Edward P. Brennan, Esq., 5; Marshal Clark, Esq., 1.
8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the Hospital supervised?  
By a Managing Committee subsequently confirmed by the full Board of Governors.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes. By a Managing Committee.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
No. The Infirmary attached to the Hospital, however, receives a Parliamentary Grant of £48 12s. 9d. under the Act.
12. State the grounds upon which this grant was originally given.  
In consideration of the services rendered to the sick poor by this institution at that time.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
That this institution, uninterceptedly for a period of a century and a half afforded medical and surgical aid to the poorest of the artizan and labouring classes, of whom it relieved this year over 37,000. The number of accidents alone treated amounting to over 5,000. That it has always been an important school for Medical and Surgical Education, having on its books as many as 180 students in one session, many of whom occupy responsible positions in the public service.

14. Is your hospital utilized for purposes of medical education?  
Yes.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
106.
16. State the average daily number of students actually attending your hospital during the last three years.  
Fifty.
17. Describe briefly the system of nursing adopted at your hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
Superintendent of nurses. Nurses and assistant nurses. Yes, holding diplomas as such.
18. State total number of beds in your hospital?  
Ninety-seven.
19. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
45 108.
20. State the proportion of day nurses to beds occupied.  
One to fifteen each. The nurse having an assistant.
21. State the proportion of night nurses to beds occupied.  
One to twenty. Special nurses provided in serious cases.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or work.  
Fifty-three, oldest; youngest, twenty-four years.
23. What authority appoints and discharges nurses?  
The Board of Governors.
24. State total number of intern patients treated in your hospital during twelve months ending 31st December, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.  
851; 27,323.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
Thomas P. Moon, esq., M.D., London; Charles Frederick Knight, esq., M.D.; Edward Stanner O'Grady, esq., M.B., B.S., and Master in Surgery, University of Dublin; F. Alcock Nixon, esq., Fellow and Member of Council, R.O.S.E., M. A. Ward, esq., M.D., and Master in Surgery, University of Dublin.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the hospital?  
Only Resident Medical Officers.
27. How are the members of your visiting staff selected?  
By election.
28. At what time are they in the habit of visiting the hospital?  
8.45 o'clock, A.M., daily.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the hospital during the last three years.  
Three gentlemen attend daily.
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
Two physicians, 21 beds; 3 surgeons, 41 beds.
31. How are patients admitted to your hospital?  
Accident cases are admitted without any recommendation. Other cases are admitted by order.
32. Do you receive accident cases?  
Yes, 5,325 last twelve months.
33. Do you receive cases of infectious diseases?  
Cases of contagious fever have been treated in this hospital, but such cases have obtained admission by accident, and when discovered were unfit to be transferred.
34. If so, state the number of cases of small pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.  
No.

## ST. VINCENT'S HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
St. Vincent's Hospital and Dispensary, Stephen's green, East, Dublin. Founded in 1834 by Mrs. Allenhead, Foundress of the Irish Congregation of the Religious Sisters of Charity.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By the Sisters of Charity. There is no Board of Governors or Directors.
3. If administered by a Board of Directors describe method of appointment of members of Board.  
See answer to Number 2.
4. State the number of Board meetings held every year.  
See answer to Number 2.



5. Number of Directors or Governors necessary to form a quorum.  
See answer to Number 2.
6. Give the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
See answer to Number 2.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.  
See answer to Number 2.
8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
No, except in the case of new buildings.
9. How are the expenses of the Hospital supervised?  
By the Sisters of Charity.
10. Are the Hospital accounts duly audited at the end of every financial year, and if so, by whom?  
Yes; by the auditing authorities of the Sisters of Charity.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
No.
12. Is your Hospital utilised for purposes of medical education?  
Yes, very fully both for general as for special medical instruction.
13. If so, state the average number of students on the books as receiving instruction during the last three years.  
The average number of the last three years is 80-88.
14. State the average daily number of students actually attending your Hospital during the last three years.  
62-4.
15. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
The nursing from 5 a.m. to 10 p.m. is performed by the Sisters of Charity, who are Lady nurses. The Sisters were originally trained in the wards of the Hotel Dieu, Paris (on the model of which St. Vincent's Hospital was framed), but are now trained in the Hospital here. From 10 p.m. to 5 a.m. the nursing is done by hired nurses; but the Sisters are available during the night in cases of gravity or emergency.
16. State total number of beds in your Hospital.  
One hundred and sixty.
17. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
The daily average of beds open during this period was 136-4. This difference from 160 arises from the fact that during July, August, and September last, about two-thirds of the Hospital was closed for cleaning and refitting; this we do every year during the vacation.
18. State the proportion of day nurses to beds occupied.  
Each Sister has charge of 17 beds.
19. State the proportion of night nurses to beds occupied.  
Each night nurse has charge of 40 beds.
20. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
The Sisters and nurses are all of suitable ages, neither too young nor too old for their work.
21. What authority appoints and discharges nurses?  
The Sisters of Charity.
22. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.  
The number of intern patients treated in the Hospital was 1,521. The number of externs in the Dispensary was 15,359. We do not treat midwifery cases.
23. What is the composition of your professional staff, distinguishing between resident and visiting?  
Two visiting physicians, 1 assistant physician, 2 visiting surgeons, 1 assistant surgeon, 1 gynaecologist, 1 oculist, 1 dental surgeon, 1 resident surgeon, 1 apothecary: all except the resident surgeon are non-resident.
24. Do any, and, if so, which of the members of your professional staff receive remuneration from the funds of the Hospital?  
The resident surgeon receives £100 a year, with apartments, light, fuel, and attendance. The apothecary receives £100 a year.
25. How are the members of your visiting staff selected?  
By the Sisters of Charity on the recommendation of the Medical Board.
26. At what time are they in the habit of visiting the Hospital?  
The physician and surgeon on clinical duty attend at 9 a.m.; the assistant physician and assistant surgeon attend the Dispensary at 10 a.m.; the specialists about the same time; the physicians and surgeons not on clinical duty at whatever time in the forenoon may be convenient to them.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

*Physicians*.—F. J. B. Quinlan, M.D., F.R.C.S.P., M.R.I.A.; M. F. Cox, M.R.C.P.S., M.R.I.A.

*Assistant Physician*.—M. M'Hugh, M.R.C.P.

*Surgeon*.—E. D. Mapother, M.D., F.R.C.S., J. S. M'Archie, F.R.C.S.

*Assistant Surgeon*.—E. F. Tobin, F.R.C.S., M.R.C.P.

*Dental Surgeon*.—W. J. Corbett, L.D.S.R.C.S.

*Gynaecologist*.—J. A. Byrne, M.B., M.R.I.A., L.R.C.S.

*Resident Surgeon*.—R. M'Archie, L.R.C.S.

*Grocer*.—D. D. Redmond, L.R.C.S.

*Apothecary*.—C. Boland, L.R.C.S.

I cannot give the number of visits as no time book is kept for the staff. The members of the staff are obliged to visit once a day including Sundays. They do this punctually, and in urgent cases they frequently visit more than once a day.

30. How many beds are on an average under the control of each visiting physician and surgeon daily? About 15.

31. How are patients admitted to your Hospital?

By the Sisters of Charity on the advice of the Medical staff. Ordinary cases are expected to bring a recommendation from a subscriber or from a clergyman of any religious denomination. Accidents and cases of gravity are admitted without any recommendation whatsoever.

32. Do you receive accident cases?

Accidents and urgent cases are admitted at all hours of the day or night, and are attended to without delay. The Hospital is in telephonic communication with one of the staff. Two other members of the staff live in Stephen's-green, East, within a few doors of it.

33. Do you receive cases of infectious diseases?

Not up to the present.

34. If so, state the number of cases of small-pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.

See answer to No. 33.

F. J. B. QUINLAN, M.D., Physician to the Hospital, and Secretary to the Medical Board.

#### THE ADELAIDE HOSPITAL.

1. Name of your Hospital. How and at what time founded?

The Adelaide Hospital. Founded 1839.

2. How is your Hospital governed—whether by a Board of Directors or otherwise?

By Presidents, Vice-Presidents, and Managing Committee.

3. If administered by a Board of Directors, describe method of appointment of members of Board.

Members of Managing Committee are elected at each annual meeting.

4. State the number of Board meetings held every year.

Managing Committee meets every Tuesday—32 meetings in the year. House and Finance Committee every Saturday—32 meetings in the year.

5. Number of Directors or Governors necessary to form a quorum.

Three.

6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.

Seven.

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

*President*.—His Grace the Duke of Abercorn, &c.

*Vice-Presidents*.

The Marquess of Hertford,  
Right Hon. the Earl of Erskine,  
Most Rev. Lord Plunket, Archbishop of  
Dublin,  
Lt.-Col. the Hon. C. F. Crichton.

Sir Edward Grogan, Bart.  
Anthony Lefroy, Esq., M.D.  
James F. Dunne, Esq., M.D., 5.  
Right Hon. Judge Warren.  
Lord James Butler, 124.

*Trustees*.

*Of Endowment Fund*.  
Right Hon. the Earl of Erskine.  
Anthony Lefroy, Esq., M.D.  
George Woods Maxwell, Esq., M.A.

*Of General Fund*.  
S. F. Adair, Esq., 91.  
The Rev. D. A. Browne, 16.  
Hon. Judge Walsh.

*Managing Committee*.

Viccent Bogan, . . . 10	Rev. E. Hughes, D.D., . . . 62	Joseph B. Pin, Esq., . . . 83
Colonel Adamson, . . . 53	Rev. William Jameson, . . . 59	John Quinn, Esq., . . . —
Denis Crahan, Esq., . . . 73	Capt. E. C. Knox, M.A., . . . 114	Rev. John J. Robinson, M.A., . . . 16
Thomas Greene, Esq., . . . 10	Rev. John Lynch, M.A., . . . 48	Wm. J. Welland, Esq., . . . 56
Rev. H. B. Halahan, M.A., . . . 54	Rev. Maurice Nolan, M.A., . . . 10	Rev. F. R. Wynne, M.A., . . . 1
Henry A. Hamilton, Esq., . . . 22		

*Hon. Secs.*—F. V. Clarendon, Esq., M.A., 50; Lieut.-Col. J. N. Codrington, 27.

5. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
6. How are the expenses of the Hospital supervised?  
By a Finance Committee, which meets every Saturday.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes; by two auditors selected from bankers, merchants, &c.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
No.
12. State the grounds upon which this grant was originally given  
None.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
None.
14. Is your Hospital utilized for purposes of medical education?  
Yes.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
70.
16. State the average daily number of students actually attending your hospital during the last three years.  
25.
17. Describe briefly the system of nursing adopted at your hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
Probationers are engaged for a term of three years; they pass for examination at end of first year in medical, surgical, and fever nursing. When considered fully qualified, they are given certificates by physicians and surgeons, are then employed as staff nurses in wards, or sent out to private cases.
18. State total number of beds in your hospital.  
125.
19. State average number of beds in daily use during the twelve months ending 31st December, 1894.  
67-81.
20. State the proportion of day nurses to beds occupied.  
Eight head nurses and ten probationers to 125 beds. Special operation cases in private wards have special nurses.
21. State the proportion of night nurses to beds occupied.  
Six.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
26 years, the youngest day nurse in charge; 45, oldest night nurse.
23. What authority appoints and discharges nurses?  
The Lady Superintendent, subject to the approval of Committee and Doctors, in accordance with rules laid down.
24. State total number of intern patients treated in your hospital during twelve months ending 31st December, 1894. State total number of patients treated as extern patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st December, 1894.  
1,055.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
*Medical Officers.*  
*Consulting Physician.*—James F. Duncan, M.D., Dub., F.R.C.S.I.  
*Consulting Obstetric Physician.*—Lambert Arncliffe, M.D. Univ. Dublin, Ex-Master Lying-in Hospital, Rotunda.  
*Physicians.*—Henry H. Head, M.D., M.R.C.S., Ex-President of the College of Physicians; James Little, M.D., M.R.C.S., Fellow of the College of Physicians.  
*Surgeons.*—John E. Burton, M.D., Past President, Royal College of Surgeons, late Senior Lecturer on Surgery in the Carmichael Medical and Surgical College; Kendall Franks, M.D., Univ. Dub., F.R.C.S.I., Surgeon to Throat and Ear Hospital; F. W. Warren, M.B., Univ. Dub., F.R.C.S.I., Demonstrator of Anatomy, Royal College of Surgeons.  
*Obstetric Surgeon.*—R. Dansey Purdy, M.B., Univ. Dub., F.R.C.S.I., late Assistant Master, Rotunda Hospital, and Lecturer on Materia Medica, Ledwith School of Medicine.  
*Ophthalmic Surgeon.*—H. R. Swamy, F.R.C.S.I., Examiner on Ophthalmology, University of Dublin.  
*Dental Surgeon.*—R. Theodore Stock, M.D., Dub., F.R.C.S.I., D.M.D., Harv.  
*Assistant Physician.*—Wallace Beatty, M.B., M.C.L.T.C.D.  
*Assistant Surgeon.*—J. H. Scott, M.B., M.C.L., Univ. Dublin.  
*Apothecary.*—C. W. Brooks, F.R.S.I.  
All Visiting.
26. Do any, and if so, which of the members of your professional staff receive remuneration from the funds of the hospital?  
None.
27. How are the members of your visiting staff selected?  
By appointment of the Medical Board, subject to the approval of the Managing Committee.
28. At what time are they in the habit of visiting the hospital?  
Daily, between nine A.M. and one P.M.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the hospital during the last three years.

See Query 35; also Query 28.

30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
About 18 beds.

31. How are patients admitted to your hospital?

By tickets of recommendation from subscribers to the funds of the hospital.

32. Do you receive accident cases?

Yes, at all hours, night and day.

33. Do you receive cases of infectious diseases?

Yes, with the exception of small-pox.

34. If so, state the number of cases of small-pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.

No record kept.

#### MATER MISERICORDIA.

1. Name of your hospital. How and at what time founded?

Mater Misericordia. Founded 1851 by the Sisters of Mercy, who commenced the work by a donation of £10,000, out of their own funds and were enabled to continue by the voluntary contributions of the public.

2. How is your hospital governed—whether by a Board of Directors or otherwise?

The hospital is under the management of the Sisters of Mercy.

3. How are the expenses of the Hospital supervised?

By the Sisters of Mercy who publish an annual Report. The accounts are open to inspection.

10. Are the hospital accounts duly audited at the end of every financial year; and if so by whom?

Yes. By chartered accountants.

11. Does your hospital receive an annual grant from Parliament? If so, state amount.

No.

14. Is your Hospital utilized for purposes of medical education?

Yes.

15. If so, state the average number of students on the books as receiving instruction during the last three years.

50.

16. State the average daily number of students actually attending your Hospital during the last three years.

60.

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

The Sisters of Mercy are the nurses but employ secular women whom they train for night work.

18. State total number of beds in your hospital.

250—This includes accommodation for House Surgeon, Resident Pupils, Nurses, Servants, and Porters.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885.

160.

20. State the proportion of day nurses to beds occupied.

One nurse to thirteen beds.

21. State the proportion of night nurses to beds occupied.

One to 50. Additional nurses are employed when required.

22. State the age of the youngest and of the eldest day or night nurse in charge of a ward or wards.

Twenty-five to 60 years.

23. What authority appoints and discharges nurses?

The Managers.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.

2,722 intern patients; 25,000 extern patients. No midwifery cases treated.

25. What is the composition of your professional staff, distinguishing between resident and visiting?

The staff consists of three clinical or visiting physicians and three surgeons, one assistant physician, and one consultant surgeon, one obstetric physician, one dental surgeon, one house surgeon, and six resident pupils. There is also a consulting physician.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?

The House Surgeon.

28. At what time are they in the habit of visiting the Hospital?  
Each morning between the hours 9 and 11 o'clock.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years:  
Consulting Physician—Dr. Craik, President of the King and Queen's College of Physicians.  
Physicians—Dr. Nixon, Dr. Redmond, Dr. Boyd.  
Surgeons—Mr. Hayne, Mr. Coppinger, Mr. Kilgusriff.  
Assistant Physician—Dr. Murphy.  
Assistant Surgeon—Mr. Kennedy.  
Obstetric Physician—Dr. T. M. Madden.  
Dental Surgeon—Mr. D. Corbett.  
House Surgeon—Dr. Dwyer.  
A record has not been kept of the visits paid by each member of the staff, but as a rule the members attend daily unless prevented by illness or by absence of patients, during the vacation months July and August.
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
Thirty-four under each of the three physicians, 30 under each of the three surgeons, and 10 under the obstetric physician.
31. How are patients admitted to your Hospital?  
Accidents and urgent cases at all hours. All other cases likely to be relieved provided there be a vacancy; no recommendation necessary.
32. Do you receive accident cases?  
Yes.
33. Do you receive cases of infectious diseases?  
Yes.
34. If so, state the number of cases of small-pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.  
No small-pox, 7 cases of diphtheria, 859 cases of typhus, &c., during the past three years. The Sisters of Mercy are no tax whatever on the funds of the Hospital.

#### CORK-STREET FEVER HOSPITAL AND HOUSE OF RECOVERY.

1. Name of your hospital. How and at what time founded?  
Cork-street Fever Hospital and House of Recovery. Founded by a Committee of Subscribers, and opened May, 1804.
2. How is your hospital governed—whether by a Board of Directors or otherwise?  
By a Committee of Management.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
Elected by Subscribers at an annual meeting of the Governors called for that purpose. Those elected, together with the Trustees form the Committee of Management.
4. State the number of Board meetings held every year.  
Fifty-two. Committee meet every Thursday morning during the year.
5. Number of Directors or Governors necessary to form a quorum.  
Three.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
4-2.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years:  
William Jackson, 6; Sir J. Barrington, 97; Samuel Boyd, 7; Richard Perrio, 116; Abraham Shackleton, 139; Thomas F. Hagg, 6; W. H. Bewley, 0; N. Lynch, 77; M. J. Figgis, 8; J. D. Wardell, 4; Richard S. Chadler, 127; George Drury, 70 (elected October, 1882); William Purris, 44 (elected October, 1882).
8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the hospital supervised?  
By a weekly Board, and accounts examined by a Committee before payment. Cheques are drawn for all payments.
10. Are the hospital accounts duly audited at the end of every financial year; and if so, by whom?  
The accounts being made up under the immediate inspection of the Committee are not formally audited.
11. Does your hospital receive an annual grant from Parliament? If so, state amount.  
Yes. £2,500.

12. State the grounds upon which this grant was originally given.  
The present grant was given upon the report of the special Committee on Dublin Hospitals, appointed in 1854; and the grounds are stated in full on page 13 of said report, to which reference is now made.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
That the same grounds are still in existence.
14. Is your hospital utilised for purposes of medical education?  
Yes.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
There were 48 students in attendance from time to time during the past three years. The general time of attendance was three months.
16. State the average daily number of students actually attending your Hospital during the last three years.  
No record of attendance is kept.
17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
Head nurse in charge of each landing with an assistant nurse to keep, and a night nurse. Yes; nurses have been trained in the Hospital or have had previous training in some other Hospital.
18. State total number of beds in your Hospital.  
200.
19. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
40-05.
20. State the proportion of day nurses to beds occupied.  
Two nurses to 24 beds.
21. State the proportion of night nurses to beds occupied.  
One to 24 beds if wards are full.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
Twenty years; 45 years.
23. What authority appoints and discharges nurses?  
Lady Superintendent actually does, but she submits a weekly report to the Board of all appointments and discharges.
24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and military cases, during the twelve months ending 31st March, 1885.  
864 Intern; no extern.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
Two Physicians, 3 Temporary Physicians, 1 Surgeon, non-resident; 1 Resident Medical Officer and Registrar, 1 Resident Pupils, resident.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital.  
Surgeon and Physicians, and Resident Medical Officer. Temporary Physicians when doing duty for Physicians.
27. How are the members of your visiting staff selected?  
Annual election by the Managing Committee.
28. At what time are they in the habit of visiting the Hospital?  
Every morning and at such other times as occasion requires. Surgeon once a week, and when required more frequently.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.
- |                            |     |  |
|----------------------------|-----|--|
| Mason, J. W., . . . . .    | 935 | Physician. Time of office expired 31st March, 1885.                            |
| Stokes, William, . . . . . | 831 | Physician.   |
| Redmond, J. M., . . . . .  | 121 | Physician. Elected Physician 31st March, 1885; previously Temporary Physician. |
| Gunn, C., . . . . .        | 195 | Temporary Physician.   |
| Ash, St. George, . . . . . | —   | Elected Temporary Physician 31st March, 1885.                                  |
| Wharton, J. H., . . . . .  | 188 | Surgeon.   |
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
Thirty, average number during year 1884-5. Equal number to each Physician. Surgeon attends patients when called upon by Physicians.
31. How are patients admitted to your Hospital?  
By personal application at the gate, or upon notice being sent to the Hospital from a medical practitioner certifying patient as a fit case for Fever Hospital.
32. Do you receive accident cases?  
No.
33. Do you receive cases of infectious diseases?  
Yes. Hospital especially founded for such cases.

34. If so, state the number of cases of small-pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.

	1872-3.	1873-4.	1874-5.	Totals.
Small-pox, . . . . .	—	—	—	—
Typhus, . . . . .	285	330	149	764
Scarlatina, . . . . .	15	189	164	368
Measles, . . . . .	24	18	171	213
Diphtheria, . . . . .	—	—	—	—
	334	537	484	1,355

(Signed),

JOHN BARRINGTON, Kirk, Chairman of Committee.  
STEWART D. CHANDLER, Resident Medical Officer and Registrar.

27th August, 1880.

# DUBLIN ORTHOPÆDIC HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
Dublin Orthopædic Hospital; founded July 6th, 1876.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a committee of ladies and gentlemen. Copy of rules is herewith.

## RULES.

1. A donation of £10 and upwards, or a collection during one year of £20 and upwards, entitles to a Life Governorship.
2. An annual subscriber of £1, or a collector of £3, thereby becomes a governor for the current year.
3. Governors shall have the privilege of sending free patients to the Dispensary for ordinary relief.
4. The management of the Hospital shall be vested in a General Committee, to consist of twenty gentlemen and fifteen ladies, who shall be elected annually by the governors from amongst themselves. Shall meet once in each quarter of the year, or oftener, if necessary. Five to form a quorum, and the Registrar to summon a meeting at any time on the requisition of three members of the Committee.
5. The General Committee shall appoint from amongst its members six gentlemen and six ladies, who, together with the medical staff, shall constitute a House and Finance Committee, to whom shall be entrusted the management of the details of the household, and the auditing and payment of the monthly accounts. Three to form a quorum.
6. The Lady Superintendent shall have the power of engaging the servants and, on occasion arises, of dismissing them.
7. The medical staff to be ex-officio members of all committees, and in their hands shall remain the selection of any future addition to their number, the filling up of any vacancy that may occur, as well as the general conduct of the medical and surgical details of the Hospital and Dispensary.
8. The property of the Hospital to be vested in the names of three trustees.
9. Alterations in rules can only be made at a general meeting of the governors, specially summoned for that purpose.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
Committee elected annually. (See rules 1 and 3.)
4. State the number of Board meetings held every year.  
General Committee four times a year; House and Finance Committee about twenty-four meetings annually.
5. Number of Directors or Governors necessary to form a quorum.  
General Committee, 5; House Committee, 3. (Rules 4 and 5.)
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
The average attendance at quarterly meetings during the past twelve months was eight.  
Do. do. at House and Finance do. was six.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

## General Committee.

The Right Hon. W. Mangles, M.P., Lord Mayor, . . . . .	—	Dr. Wadd, M.C., . . . . .	—
Abnerman Codrnan, J.P., . . . . .	—	R. Worthington, Esq., J.P., . . . . .	—
M. D'Arcy, Esq., M.A., J.P., . . . . .	—	Lady Hamilton, . . . . .	7
Wm. Findlater, Esq., J.P., . . . . .	4	Mrs. Brown, . . . . .	6
T. W. Fisher, Esq., . . . . .	37	Miss Bullock, . . . . .	18
J. F. Goodman, Esq., J.P., . . . . .	17	Mrs. W. E. Dickson, . . . . .	6
Abnerman A. W. Harris, J.P., . . . . .	—	Mrs. Fisher, . . . . .	14
Thomas P. Hogg, Esq., . . . . .	—	Mrs. Goodman, . . . . .	3
Robert S. Jacob, Esq., . . . . .	16	Miss S. P. Hogg, . . . . .	24
B. Journeux, Esq., . . . . .	53	Mrs. Johnson, . . . . .	16
E. H. Kinsman, Esq., . . . . .	—	Mrs. Journeux, . . . . .	21
Joseph Murphy, Esq., . . . . .	—	Mrs. R. McDonald, . . . . .	3
P. J. Plunket, Esq., . . . . .	7	Mrs. P. J. Plunket, . . . . .	13
J. Richardson, Esq., J.P., M.C., . . . . .	—	Mrs. Shackleton, . . . . .	5
H. J. Robinson, Esq., . . . . .	30	Mrs. Thorne, . . . . .	9
A. Shackleton, Esq., J.P., M.C., . . . . .	15	Miss Tolson, . . . . .	14
B. Thompson, Esq., . . . . .	4	Miss Wynn, . . . . .	23
Alderman H. Turpey, J.P., . . . . .	1		

2 M 2

*Consulting Physician*.—T. W. Grimsbow, M.D., M.A., Senior Physician to Dr. Stevens' Hospital; Consulting Physician to Cork-street Hospital; Registrar-General for Ireland.

*Consulting Surgeon*.—Edward Hamilton, M.D., F.R.C.S.I., Ex-President Royal College of Surgeons; Surgeon to Dr. Stevens' Hospital; Robert McDonnell, M.D., F.R.S., F.R.C.S.I., Ex-President Royal College of Surgeons, Ireland.

*Physician*.—John Joseph Cusany, M.D., F.R.C.S.I., F.R.C.S., Ex-Assistant Master Rotunda Lying-in Hospital, Surgeon Jervis-street Hospital; Member of Court of Examiners, Royal College of Surgeons, Ireland.

*Surgeon*.—R. L. Swan, F.R.C.S.I., F.R.C.S., Member of Court of Surgical Examiners, Royal College of Surgeons, Ireland, late Resident Surgeon, Dr. Stevens' Hospital.

*Residents*.—Mr. Kildare Dean Dobbs, Mr. A. E. Murphy.

*Hon. Secretary*.—B. JOURNÉAN, Esq.

*Lady Superintendent*.—Miss F. D. Kilwood.

*Trustees*.—R. L. Swan, Esq., F.R.C.S.I.; B. Thompson, Esq.; H. J. Robinson, Esq.

*Financiers*.—The National Bank.

*Registrar and Collector*.—Mrs. Julia Fleming.

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? Had only on one occasion any outlay of magnitude, and then tenders were obtained.

9. How are the expenses of the Hospital supervised?

Rule 5.—The General Committee shall appoint from amongst its members six gentlemen and six ladies, who, together with the medical staff, shall constitute a House and Finance Committee, to whom shall be entrusted the management of the details of the household, and the auditing and payment of the monthly accounts. There to form a quorum.

10. Are the Hospital accounts duly audited at the end of every financial year, and if so, by whom? Yes, by Messrs. Craig, Gardner & Co.

11. Does your Hospital receive an annual grant from Parliament? If so, state amount. No.

14. Is your Hospital utilized for purposes of medical education? Yes.

15. If so, state the average number of students on the books as receiving instruction during the last three years. It is not a clinical hospital, but is largely availed of by students.

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such. Our patients are almost entirely children varying in age from six months to fifteen years. Our staff consists of a trained lady superintendent and three trained nurses.

18. State total number of beds in your hospital. Thirty-five beds for patients.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885. Twenty-one.

20. State the proportion of day nurses to beds occupied. Ten—one to ten.

21. State the proportion of night nurses to beds occupied. One night nurse only.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards. About 25; about 30.

23. What authority appoints and discharges nurses? Lady Superintendent.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885. Eighty-eight intern patients; 1,076 extern patients.

25. What is the composition of your professional staff, distinguishing between resident and visiting?

*Consulting Physician*.—Thomas W. Grimsbow, M.D., M.A., Physician to Dr. Stevens' Hospital, Consulting Physician to Cork-street Hospital, Registrar-General for Ireland.

*Consulting Surgeon*.—Edward Hamilton, M.D., F.R.C.S.I., Ex-President, Royal College of Surgeons, Surgeon to Dr. Stevens' Hospital; Robert McDonnell, M.D., F.R.S., F.R.C.S.I., Ex-President, Royal College of Surgeons, Ireland.

*Physician*.—John Joseph Cusany, M.D., F.R.C.S.I., F.R.C.S., Ex-Assistant Master Rotunda Lying-in Hospital, Surgeon, Jervis-street Hospital, Member of Court of Examiners, Royal College of Surgeons, Ireland.

*Surgeon*.—R. L. Swan, F.R.C.S.I., F.R.C.S., Member of Court of Surgical Examiners, Royal College of Surgeons, Ireland, late Resident Surgeon Dr. Stevens' Hospital.

*Residents*.—Mr. Kildare Dean Dobbs; Mr. A. E. Murphy.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital? None.

27. How are the members of your visiting staff selected? Self-elected—Rule 7.



28. At what time are they in the habit of visiting the Hospital?  
Twelve o'clock daily.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.  
See reply to question 25. No record kept of the number of visits paid by medical staff.
31. How are patients admitted to your Hospital?  
On recommendation of governors, &c.
32. Do you receive accident cases?  
No.
33. Do you receive cases of infectious diseases?  
No.
34. If so, state the number of cases of small-pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.  
None.

J. PHARM, Registrar.

## SIR PATRICK DUN'S HOSPITAL.

1. Name of your Hospital. How and at what time founded.  
Sir Patrick Dun's Hospital. A.D. 1800. By statute of 40 Geo. III., ch. 84, afterwards modified by statute 30 Vic., ch. 9 (A.D. 1867).
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a Board of twenty-two Governors.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
Ten of the Governors are ex-officio. The remaining twelve are elected by the ten ex-officio Governors.
4. State the number of Board meetings held every year.  
Twelve ordinary Board meetings, and fifty-two meetings of the Committee of Economy.
5. Number of Directors or Governors necessary to form a quorum.  
Three.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
See list of attendances attached herewith.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

## LIST OF ATTENDANCE OF EX-OFFICIO GOVERNORS OF SIR PATRICK DUN'S HOSPITAL for the Years 1882, 1883, 1884.

Name.	25 Board Meetings.
1882.	
The Right Honourable the Lord Chancellor, . . . . .	—
The Right Honourable the Lord Chief Justice Q.B., . . . . .	—
The Right Honourable the Lord Chief Justice C.P., . . . . .	—
The Right Honourable the Lord Chief Baron, . . . . .	—
Rev. the Provost of Trinity College, . . . . .	—
Dr. J. W. Moore, . . . . .	13
Dr. Foot, . . . . .	1
Dr. Nixon, . . . . .	5
Dr. Johnston, . . . . .	4
Dr. McCus, . . . . .	13
Dr. Cruise, . . . . .	1

1883.	
The Right Hon. the Lord Chancellor, . . . . .	—
The Right Hon. the Lord Chief Justice Q.B., . . . . .	—
The Right Hon. the Lord Chief Justice C.P., . . . . .	—
The Right Hon. the Lord Chief Baron, . . . . .	—
The Rev. the Provost of Trinity College, . . . . .	0
Dr. Moore, . . . . .	16
Dr. Cruise, . . . . .	2

## LIST OF ATTENDANCE OF ELECTED GOVERNORS OF SIR PATRICK DUN'S HOSPITAL for the Years 1882, 1883, 1884.

Name.	25 Board Meetings.	51 Economy Committee Meetings.	Total.
1882.			
1. Rev. Samuel Haughton, M.D., F.R.C.S., . . . . .	14	18	32
2. Rev. Joseph Carson, D.D., F.R.C.S., . . . . .	3	—	3
3. His Grace the Archbishop of Dublin, . . . . .	—	—	—
4. Rev. Joseph A. Galloway, F.R.C.S., . . . . .	3	5	8
5. Thos. Maxwell Hutton, J.P., . . . . .	17	20	37
6. Mark Perrin, Esq., . . . . .	5	—	5
7. David R. Pigot, Esq., . . . . .	20	23	43
8. David Drummond, Esq., J.P., . . . . .	10	—	10
9. Sir George B. Owens, M.D., J.P., . . . . .	4	—	4
10. Richard Perrin, Esq., . . . . .	9	—	9
11. William Findlater, Esq., M.D., . . . . .	5	—	5
12. Samuel Gordon, Esq., M.D., Alderman Harris, . . . . .	14	—	14
	7	—	7
1883.			
1. Rev. Samuel Haughton, M.D., F.R.C.S., . . . . .	18	40	58
2. Rev. Joseph Carson, D.D., F.R.C.S., . . . . .	1	—	1
3. His Grace the Archbishop of Dublin, . . . . .	—	—	—
4. Rev. Joseph A. Galloway, F.R.C.S., . . . . .	7	26	33
5. Thos. Maxwell Hutton, Esq., J.P., . . . . .	20	40	60
6. Mark Perrin, Esq., . . . . .	2	—	2
7. David R. Pigot, Esq., . . . . .	14	36	50
8. David Drummond, Esq., J.P., . . . . .	11	—	11
9. Sir George B. Owens, M.D., J.P., . . . . .	6	—	6
10. Richard Perrin, Esq., . . . . .	17	—	17
11. William Findlater, Esq., M.D., . . . . .	6	—	6
12. Samuel Gordon, Esq., M.D., Alderman Harris, . . . . .	13	—	13
	2	—	2

LIST of ATTENDANCE of EX-OFFICIO GOVERNORS—continued.

Name.	15 Bent Hutings.
1884.	
The Right Honorable the Lord Chancellor,	—
The Right Honorable the Lord Chief Justice Q.B.,	—
The Right Honorable the Lord Chief Justice C.P.,	—
The Right Honorable the Lord Chief Baron,	—
The Rev. the Provost of Trinity College,	—
Dr. J. W. Moore,	8
Dr. G. F. Duffy,	5
Dr. Cruise,	2
Dr. Quinlan,	4

LIST of ATTENDANCE of EMINENT GOVERNORS—continued.

Name.	15 Bent Hutings.	Rotary Committee Meeting.	Total.
1884.			
1. Rev. Samuel Haughton, M.D., A.B.D.O.,	14	26	40
2. Rev. Joseph O'Connell, D.D., S.B.D.O.,	3	—	3
3. His Grace the Archbishop of Dublin,	—	—	—
4. Rev. Joseph A. Galweh, A.B.D.O.,	—	1	1
5. Thomas Maxwell Hutson, Esq., J.P.,	13	38	51
6. David R. Pigot, Esq.,	5	11	16
7. David Drummond, Esq., J.P.,	4	—	4
8. Sir George B. Owens, M.D., J.P.,	4	—	4
9. Richard Perrin, Esq.,	6	—	6
10. William Fendall, Esq., M.P.,	3	—	3
11. Samuel Gordon, Esq., M.D.,	11	—	11
12. Captain Hardy, A.R.,	7	—	7
Alderman Harris,	1	—	1

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure. The Board in such cases select estimates from known parties.

9. How are the expenses of the Hospital supervised? By the Board of Governors.

10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom? Yes. By an Auditor selected by the Board.

11. Does your Hospital receive an annual grant from Parliament? If so, state amount. We receive no Parliamentary grant.

12. Is your Hospital utilized for purposes of medical education? Yes. Sir Patrick Dun's Hospital was specially founded for the purposes of medical education (vide School of Physics Act passed).

13. If so, state the average number of students on the books as receiving instruction during the last three years. Average number of students for three years, 86.

14. State the average daily number of students actually attending your Hospital during the last three years. The number of students who have entered their names in the Daily Attendance Book, required by the Royal College of Surgeons and the Royal University, for the last three years is 39; but as students of Trinity College are not required to enter their names in this Book, this number does not nearly represent the total daily average.

15. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

There are at present four head nurses (three certificated), nine nurses who have attended private courses, three who are qualified to do so, and nine probationers (one paying), under a Lady Superintendent (who was trained for two years at St. Bartholomew's, London). All nurses are examined by the medical officers at the expiration of their year's training.

16. State total number of beds in your Hospital. Eighty.

17. State average number of beds in daily use during the twelve months ending 31st March, 1885. 687.

18. State the proportion of day nurses to beds occupied. One nurse to five beds.

19. State the proportion of night nurses to beds occupied. One to twelve beds.

20. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards. Oldest day nurse in charge is 30; youngest, 25; night Superintendent of Nurses is 50; youngest probationer on night duty is 20.

21. What authority appoints and discharges nurses? The Board of Governors.

22. State total number of in-patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as out-patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885. 912 in-patients, 8,334 out-patients.

25. What is the composition of your professional staff, distinguishing between resident and visiting?  
*Visiting.*—Four physicians, appointed by King and Queen's College of Physicians; three surgeons appointed by Provost and Senior Fellows, Trinity College, Dublin.  
*Resident.*—One house surgeon, two resident pupils, appointed by Board of Governors.  
*Non-Resident.*—One apothecary, appointed by Board of Governors.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?

The house surgeon and apothecary receive salaries from the funds of the Hospital.

27. How are the members of your visiting staff selected?

(*See No. 25.*)

28. At what time are they in the habit of visiting the Hospital?

The physicians and surgeons visit the Hospital at 9 o'clock a.m. on alternate days during the year.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

Physicians.	Surgeons.
J. M. Porter, M.D., F.R.C.S.	E. H. Bennett, M.D., F.R.C.S.
W. G. Smith, M.D., F.R.C.S.	T. E. Little, M.D.
J. M. Finney, M.D., F.R.C.S.	C. B. Bell, M.D., F.R.C.S.
J. R. Kirkpatrick, M.D., F.R.C.S.	

The present members of the professional staff are in the habit of attending at least once daily during their period of clinical duties, and more frequently when the urgency of special cases demands it.

30. How many beds are on an average under the control of each visiting physician and surgeon daily?

The physician and surgeon on clinical duty have each the control of from 25 to 30 beds.

31. How are patients admitted to your Hospital?

Since the cholera year (1866) all patients are admitted solely on account of the urgency of the case, but attention is given to the recommendation of a subscriber.

32. Do you receive accident cases?

Yes.

33. Do you receive cases of infectious diseases?

Yes.

34. If so, state the number of cases of smallpox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.

Year.	Typhus.	Typhoid.	Diphtheria.	Measles.	Erysipelas.	Scarletina.	Varicella.	Furunculæ.	Fistulæ.	Fever.
1863.	9	23	—	19	11	6	—	32	7	1
1863.	43	10	1	3	3	11	1	22	9	4
1864.	17	17	1	—	17	50	—	26	9	5

#### ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.

1. Name of your Hospital. How and at what time founded?

St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear. Founded by the late Sir William R. Wilde, M.D., Anno Domini, 1844.

2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
 By a Board of Governors.

3. If administered by a Board of Directors, describe method of appointment of members of Board.

Under the Deed of Trust, dated 5th March, 1853, the management of the Institution is vested in a Board consisting of not more than fourteen members—five of whom are Trustees—who hold office during life or until resignation or death. On a vacancy occurring, it is filled up by the remaining Governors at a meeting of the Board duly convened for the purpose, except in the case of the Lord Mayor of Dublin for the time being, who holds office during the year of his mayoralty only. The Surgeon, the Treasurer, and the Secretary of the Institution are Trustees and Governors *ex-officio*.

4. State the number of Board meetings held every year.

The ordinary meetings of the Board are held on the third Monday in each month. Special Board meetings are likewise held whenever occasion arises therefor. Besides these, there are meetings of Finance and Building Committees at stated periods.

5. Number of Directors or Governors necessary to form a quorum.

Three at Board meetings; two at Committee meetings.

6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.

During the year ended 31st March, 1885, sixteen Board meetings were held, at which a quorum was present. The total number of Governors present amounted to seventy-five, showing an average attendance of 4.69 members at each meeting of the Board. Five meetings of Committees were held, at which a quorum was present—seventeen members attended; average attendance 3.40.

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

	Year ending 31st March, 1883.	Year ending 31st March, 1884.	Year ending 31st March, 1885.	Total for last Three Years.
<i>Board of Governors.</i>				
[These worked * are Trustees.]				
The Right Hon. the Lord Mayor [for the time being, during his year of office].	—	1	—	1
James William Murnan, Esq., A.M., . . . . .	4	7	4	15
* Alderman Sir James William Mackey, D.D., J.P., . . . . .	2	6	4	12
Edward Hudson Kirahan, Esq., J.P., . . . . .	—	—	—	—
James Fitzgerald Lombard, Esq., J.P., . . . . .	5	7	9	21
* John Bagot, Esq., J.P., . . . . .	4	5	3	14
* Geo. Woods Maxwell, Esq., D.D., J.P., . . . . .	2	—	2	4
* Rev. Samuel Haughton, M.D., D.D., J.P., . . . . .	8	7	4	19
Rev. Abraham Strick Fuller, D.D., . . . . .	9	9	13	31
Sir George Horridge Porter, M.D., F.R.C.S., J.P., . . . . .	—	—	1	1
* John B. Story, Esq., M.D., M.C., F.R.C.S., . . . . .	17	21	22	60
Ion Trust Hamilton, Esq., M.P., M.L., J.P., . . . . .	4	1	1	6
James Little, Esq., M.D., F.R.C.P., . . . . .	—	1	—	1
John Robert Mallins, Esq., . . . . .	11	7	12	30
Total, . . . . .	68	72	75	215

	Year, 1883-4.	1884-5.	1885-6.	Total.
<i>Building Committee.</i>				
J. F. Lombard, Esq., . . . . .	1	—	1	2
G. W. Maxwell, Esq., . . . . .	—	—	1	1
Sir J. W. Mackey, . . . . .	—	—	—	—
J. B. Story, Esq., . . . . .	1	—	2	3
J. R. Mallins, Esq., . . . . .	—	—	—	—
Total, . . . . .	2	—	4	6

	1883-4.	1884-5.	1885-6.	Total.
<i>Finance Committee.</i>				
Sir J. W. Mackey, . . . . .	—	2	2	4
J. Bagot, Esq., . . . . .	—	—	—	—
J. F. Lombard, Esq., . . . . .	—	—	3	3
J. B. Story, Esq., . . . . .	—	2	9	11
J. R. Mallins, Esq., . . . . .	—	1	2	3
Total, . . . . .	—	5	16	21

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? Yes.

9. How are the expenses of the Hospital supervised?

By the Board of Governors and Finance Committee.

10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?

Yes. In the first instance by the Finance Committee and Board of Governors, and subsequently by professional Public Accountants and Auditors.

11. Does your Hospital receive an annual grant from Parliament? If so, state amount.

Yes. One Hundred Pounds per annum.

12. State the grounds upon which this grant was originally given.

The necessity for a special hospital in Dublin for the treatment of diseases of the eye and ear. The Commissioners appointed by the Lord Lieutenant in 1854 to inquire into the state of the hospitals of Dublin, having visited and carefully examined into the circumstances of St. Mark's Ophthalmic Hospital, then reported upon it:—

"We consider a special Ophthalmic Institution to be highly valuable as a means of enabling medical students to acquire a more accurate knowledge of the diseases of the eye and of their treatment than can usually be obtained at general hospitals, and also of alleviating the suffering which prevails to a great extent in this country. Considering this Institution to be deserving of support on public grounds, we recommend that a grant of One Hundred Pounds be given to it."

13. State distinctly upon what grounds you claim a continuation of the present grant.

The continued necessity for maintaining in Dublin this special Ophthalmic and Aural Hospital and Dispensary; the increased and increasing amount of "work done" in the Institution; the larger number

of beds now available for the sick-poor, and the increased expenditure required for maintenance of patients and establishment, as compared with the period (1855-56) when the present Parliamentary grant was originally given. See extracts from Balance Sheets of 1855-56 and 1884-85; see also Statistical Table appended (p. 4), and copy of thirty-eighth annual Report herewith:—

	Year 1855-56.	Year 1884-85
	£ s. d.	£ s. d.
Income (including Parliamentary grant of £160),	401 7 0	1,508 15 1
Expenditure,	456 12 2	1,468 2 11
Number of beds available for patients, . . . . .	20	88 (16 just added, making 54).
Number of in-patients treated, . . . . .	135	612
Daily average number of beds occupied, . . . . .	9.60	33.35
Number of out-patients treated, . . . . .	2,473	4,332
Number of operations performed, . . . . .	226	672

14. Is your Hospital utilized for purposes of medical education?  
Yes; and during the past half-year there has been a vast increase in the number of students entered—the number, 69, being nearly double that in any preceding half-year.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
Seventy-five. The period of actual attendance is three months.
16. State the average daily number of students actually attending your Hospital during the last three years. It is now impossible to give this return in full. The average daily attendance is something over 12. During the 26 week-days in March of the present year the average daily attendance was 16.6.
17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
The nursing staff of the Hospital consists of the following persons, viz., a resident lady superintendent, who holds certificates of training and experience; a trained head nurse, and one or more assistant or probationer nurses. The probationers are supplied from a "Nurses' Home," and are changed for new probationers about once in every two or three months. Before coming to St. Mark's Hospital they have acquired practical experience in nursing, both medical and surgical cases, in other Hospitals.
18. State total number of beds in your Hospital.  
Thirty-eight beds. An extension wing has just been built, giving two wards intended to contain 16 additional beds—thus raising the number of beds to 54.
19. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
33.35—say 34 beds.
20. State the proportion of day nurses to beds occupied.  
One day nurse to every 17 beds occupied.
21. State the proportion of night nurses to beds occupied.  
From the nature of the cases treated night nurses are seldom required. They are supplied temporarily when occasion arises for their services by the Nursing Institute.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
Twenty-three years; 26 years.
23. What authority appoints and discharges nurses?  
The Board of Governors, who usually permit the Lady Superintendent to recommend candidates for appointment.
24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.  
Intern patients, 612. Extern patients, 4,332.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
One Surgeon, one Assistant Surgeon, one Clinical Assistant—Non-resident.  
One House Surgeon—Resident.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?  
The House Surgeon alone receives payment from the funds of the Hospital, viz., fifty guineas per annum, with usual allowances.
27. How are the members of your visiting staff selected?  
By the Board of Management. When a vacancy on the medical working staff occurs through resignation or death, the appointment is publicly advertised, and the Governors elect the candidate best qualified.
28. At what time are they in the habit of visiting the Hospital?  
From 9 A.M. till 1 P.M. on week days.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.  
John B. Stacey, Surgeon; Arthur H. Benson, Assistant Surgeon; Ferdinand Odebrecht, Clinical Assistant. No record is kept of the actual number of visits. Each member of the staff has been daily at the Hospital, except when absent from Dublin on vacation during some six weeks annually.

30. How many beds are on an average under the control of each visiting physician and surgeon daily? The surgeon takes control of about two-thirds of the beds, and leaves one-third to the assistant surgeon. The average daily number may be set down as 23 and 11 respectively.
31. How are patients admitted to your Hospital? According to the necessity and urgency of the cases.
32. Do you receive accident cases? Ophthalmic and Aural, but not general accidents.
33. Do you receive cases of infectious diseases? No.
34. If so, state the number of cases of small-pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.
- See answer to Query 33.

SAMUEL HAUGHTON, GOVERNOR.  
J. WILSON HUGHES, REGISTRAR.

St. Mark's Ophthalmic Hospital,  
Lincoln-place, Dublin,  
21st September, 1885.

# MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

1. Name of your Hospital. How and at what time founded? Meath Hospital and County Dublin Infirmary. The Meath Hospital was founded 2nd March, 1753, and was constituted, by Act of Parliament, County Dublin Infirmary in 1774.
2. How is your Hospital governed—whether by a Board of Directors or otherwise? By a Standing Committee of twenty-one members.
3. If administered by a Board of Directors, describe the method of appointment of members of Board. By our Act of Parliament it is decreed—That on the first Monday in April in each year a meeting of the Life and Annuity Governors be convened, at which meeting twenty-one persons are elected by ballot to form a Standing Committee for conducting the affairs of the Hospital for the ensuing twelve months.
4. State the number of Board meetings held every year. The Board meets on the second and last Mondays of each month, and, when necessary, a special meeting is called.
5. Number of Directors or Governors necessary to form a quorum. Three.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings. 9-50 for the last year.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years. As the Standing Committee is elected each year, lists of the Committees for the last three years, with the number of attendances of each member, is annexed—

For Year ending 31st March, 1883.		For Year ending 31st March, 1884.		For Year ending 31st March, 1885.	
1. The Viscount Monck, . . .	0	1. The Viscount Monck, . . .	4	1. The Viscount Monck, . . .	0
2. A. Andrews, esq., . . .	20	2. Arthur Andrews, esq., . . .	23	2. Arthur Andrews, esq., . . .	19
3. Joseph Garrett, esq., . . .	26	3. Charles Cobbe, esq., M.D., . . .	11	3. William McCosker, esq., . . .	24
4. T. L. Kelly, esq., J.P., . . .	0	4. Joseph Garrett, esq., . . .	25	4. L. J. McDonnell, esq., . . .	0
5. W. D. La Touche, esq., D.L., . . .	0	5. Thomas L. Kelly, esq., J.P., . . .	0	5. Sir G. B. Owens, M.D., J.P., . . .	15
6. William McCosker, esq., . . .	19	6. William McCosker, esq., . . .	21	6. Sir G. H. Porter, M.D., . . .	12
7. L. J. McDonnell, esq., . . .	1	7. L. J. McDonnell, esq., . . .	0	7. Charles Sibthorpe, esq., . . .	17
8. Hugh O'Connor, esq., . . .	13	8. Hugh O'Connor, esq., . . .	20	8. T. S. Sibthorpe, esq., J.P., . . .	15
9. Sir G. B. Owens, M.D., J.P., . . .	18	9. Sir G. B. Owens, M.D., J.P., . . .	21	9. P. C. Smyly, esq., M.D., . . .	14
10. G. H. Porter, esq., . . .	11	10. G. H. Porter, esq., M.D., . . .	20	10. Frederick Stokes, esq., J.P., . . .	1
11. F. M. Scott, esq., J.P., . . .	3	11. F. M. Scott, esq., J.P., . . .	8	11. P. Sweetman, esq., D.L., . . .	1
12. C. Sibthorpe, esq., . . .	19	12. Charles Sibthorpe, esq., . . .	21	12. J. H. Wharton, esq., M.D., . . .	20
13. T. S. Sibthorpe, esq., J.P., . . .	9	13. T. S. Sibthorpe, esq., J.P., . . .	19	13. Joseph Woodcock, esq., . . .	5
14. P. C. Smyly, esq., M.D., . . .	14	14. P. C. Smyly, esq., M.D., . . .	18	14. William Robt. La Touche, esq., D.L., J.P., . . .	4
15. F. Stokes, esq., J.P., . . .	0	15. Edward B. Stanley, esq., . . .	26	15. The Viscount Powestown, K.P., . . .	0
16. P. Sweetman, esq., J.P., . . .	1	16. Frederick Stokes, esq., J.P., . . .	0	16. George F. Enock, esq., . . .	10
17. George Walpole, esq., . . .	4	17. P. Sweetman, esq., D.L., . . .	0	17. John V. Cassidy, esq., . . .	24
18. J. H. Wharton, esq., M.D., . . .	24	18. George Walpole, esq., . . .	11	18. Adam Findlater, esq., . . .	4
19. Joseph Woodcock, esq., . . .	1	19. J. H. Wharton, esq., M.D., . . .	25	19. Samuel H. Hamilton, esq., J.P., . . .	19
20. Charles Cobbe, esq., D.L., . . .	10	20. Joseph Woodcock, esq., . . .	6	20. Lambert H. Ormsby, esq., M.D., . . .	35
21. Edward B. Stanley, esq., . . .	24	21. William Robt. La Touche, esq., D.L., J.P., . . .	0	21. George Symes, esq., . . .	4

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? Yes.

9. How are the expenses of the Hospital superintend ?

By a Finance Committee of six—two forming a quorum.

10. Are the Hospital accounts duly audited at the end of every financial year ; and if so, by whom ?

Yes. By two Governors of the Hospital.

11. Does your Hospital receive an annual grant from Parliament ? If so, state amount.

Yes. £200 per annum.

12. State the grounds upon which this grant was originally given.

July, 1836 ; for the maintenance of thirty-six beds for fever patients.

13. State distinctly upon what grounds you claim a continuation of the present grant.

For the same purpose for which it was originally given ; also, because of the Dublin Hospital this is one of the first in which Clinical Instruction was given, and it has always maintained its high position as one of the principal sources of Medical and Surgical Instruction in Ireland, and it has attached to it from its Foundation a large class of students.

14. Is your Hospital utilized for purposes of medical education ?

Yes.

15. If so, state the average number of students on the books as receiving instruction during the last three years.

107.

16. State the average daily number of students actually attending your Hospital during the last three years.

Winter season, 54. Summer season, 25.

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses ? and if so, mention their qualifications as such.

The nursing staff is under the control of a trained Lady Superintendent. The Hospital is divided into groups of Wards or Landings, i.e. Medical, Surgical, and Accident. On each landing there is a responsible head nurse, and one or two assistant nurses, or probationers, as the need may be. The Children's Ward has one nurse ; the detached Fever Wards, one nurse and assistant. The nurses have all been trained, either in this or other general hospitals. The assistant nurses or probationers are being trained, and receive courses of lectures from the Medical staff.

18. State total number of beds in your hospital.

108.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885.

88.24.

20. State the proportion of day nurses to beds occupied.

One nurse to 11 beds on an average.

21. State the proportion of night nurses to beds occupied.

One to 28 beds, but extra nurses are employed for special cases when necessary.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.

Youngest 24 years ; Oldest 63 years.

23. What authority appoints and discharges nurses ?

The Lady Superintendent, who reports to the standing committee.

24. State total number of intern patients treated in your hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.

1,307 interns ; 2,429 extern accident ; 7,773 extern Dispensary cases.

25. What is the composition of your professional staff, distinguishing between resident and visiting ?

2 Physicians, 6 Surgeons, visiting, 1 Surgeon and Apothecary, 2 Pupils ; resident.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital ?

Only the Resident Surgeon and Apothecary.

27. How are the members of your visiting staff selected ?

When a vacancy occurs, a physician or surgeon, as the case may be, is elected by the physicians and surgeons of the hospital, who notify names to the standing committee.

28. At what time are they in the habit of visiting the Hospital ?

Every morning at nine o'clock, and at all other times when necessary.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

#### Physicians.

Arthur Wynne Peet, M.D.  
John William Moore, M.D.

#### Surgeons.

Sir George Porter, F.R.C.S.  
James H. Wharton, F.R.C.S.  
Philip C. Smyly, F.R.C.S.  
Edward MacNamara, F.R.C.S.  
L. Hepburn Ormsby, F.R.C.S.  
Wm. J. Hepburn, F.R.C.S.E.

No record is kept of the number of attendances. Each member of the staff takes duty in rotation. The physician and surgeon on duty attend each morning, Sunday included. The outgoing and incoming surgeon attends each morning the extern cases.

50. How many beds are on an average under the control of each visiting physician and surgeon daily?  
The physicians and surgeon on duty for the month admit all cases from the 20th of the previous month. As a rule the outgoing physician and surgeon retain their cases and treat them to a termination. The physician and surgeon on duty therefore have the majority of the beds under their control.
51. How are patients admitted to your Hospital?  
On the recommendation of the Governors and subscribers, except accident cases, which require no recommendation.
52. Do you receive accident cases?  
Yes.
53. Do you receive cases of infectious disease?  
Yes.
54. If so, state the number of cases of small pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.

Year ended 31st March, 1883.		31st March, 1884.		31st March, 1885.	
Simple Fever, . . . . .	3	Typhus Fever, . . . . .	21	Simple Fever, . . . . .	18
Typhus " . . . . .	14	Typhoid " . . . . .	10	Typhus " . . . . .	4
Typhoid " . . . . .	10	Scarletina, . . . . .	24	Typhoid " . . . . .	10
Measles, . . . . .	8	Erysipelas, . . . . .	5	Scarletina, . . . . .	23
Erysipelas, . . . . .	17			Measles, . . . . .	4
				Erysipelas, . . . . .	11

## THE CITY OF DUBLIN HOSPITAL.

1. Name of your Hospital? How and at what time founded?  
The City of Dublin Hospital. Founded by Deed of Trust in November, 1832.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
Board of Directors.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
When a vacancy occurs a name or names are proposed and seconded—whoever has the most votes is elected.
4. State the number of Board meetings held every year.  
Twelve.
5. Number of Directors or Governors necessary to form a quorum.  
Three.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
1882, 9; 1883, 10; 1884, 12.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.
- |  |    |   |    |
|--|----|---|----|
| Arthur H. Benson, Esq., F.R.C.S., 43 Fitzwilliam-square, . . . . .       | 14 | Jonathan Hogg, Esq., Stamford, Bedford, . . . . .                   | 31 |
| J. Hawtrey Benson, Esq., M.D., 57, Fitzwilliam-square, . . . . .         | 35 | E. H. Kinsman, Esq., M.D., 11, Merion-square, . . . . .             | 5  |
| Richard Bolger, Esq., M.D., J.P., Mount-town House, Kingstown, . . . . . | 5  | Marcus T. Moss, Esq., Mayfield House, Bray, . . . . .               | 18 |
| J. W. Cussen, Esq., J.P., Belmont House, Dennybrook, . . . . .           | 3  | Alderman Meyers, M.B., J.P., 8, Viceroy-place, Kingstown, . . . . . | 1  |
| H. Gray O'Leary, Esq., F.R.C.S., 7, Merion-square, North, . . . . .      | 33 | Thomas Pin, Jun., Esq., J.P., Rathkigh, Ballybrook, . . . . .       | 14 |
| George F. Duffy, Esq., M.D., 39, Fitzwilliam-place, . . . . .            | 25 | John Richardson, Esq., Q.C., 70, Lower Baggot-street, . . . . .     | 15 |
| Lord Justice Fitzgibbon, 16, Merion-square, . . . . .                    | 22 | W. J. Sharkey, Esq., M.D., 55, Fitzwilliam-square, . . . . .        | 17 |
| H. Fitzgibbon, Esq., M.D., J.P., 18, Lower Fitzwilliam-street, . . . . . | 30 | J. E. Vernon, Esq., M.D., Mount Merion, Blackrock, . . . . .        | 2  |
| William Foot, Esq., J.P., 10, Raghin-road, . . . . .                     | 7  | William Watson, Esq., 1, Balcon-place, Adelaide-road, . . . . .     | 18 |
| Robert Goodbody, Esq., Fairy Hill, Blackrock, . . . . .                  | 4  | W. I. Wheeler, Esq., M.D., 27, Lower Fitzwilliam-street, . . . . .  | 38 |
| Captain Frederick Hardy, M.B., Sandfield, Booterstown, . . . . .         | -  |   |    |
8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Sometimes, but generally invite tenders for the different trades.
9. How are the expenses of the Hospital supervised?  
Finance Committee.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes, by Messrs. Craig, Gardner, and Co.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
No.
12. Is your Hospital utilized for purposes of medical education?  
Yes.



15. If so, state the average number of students on the books as receiving instruction during the last three years.

One hundred and ten; but the average for three years prior to the last three would be much larger inasmuch as first year students do not now usually attend hospital.

16. State the average daily number of students actually attending your Hospital during the last three years.

As nearly as possible, seventy-six.

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

Trained staff. Nurses who hold first class certificates from training schools, with probationers working under them in the wards.

18. State total number of beds in your hospital.

Ninety-three.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885.

Seventy—69 $\frac{1}{2}$  to 71 $\frac{1}{2}$ .

20. State the proportion of day nurses to beds occupied.

Eleven nurses and probationers to an average of seventy-five beds.

21. State the proportion of night nurses to beds occupied.

Five nurses and probationers to an average of seventy-five; for special cases, special nurses are employed at night in addition.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.

The youngest about two and twenty, and the oldest seven and twenty.

23. What authority appoints and discharges nurses?

The Lady Superintendent, subject to the approval of the Board.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.

1,001; 8,339.

25. What is the composition of your professional staff, distinguishing between residents and visiting?

Visiting—Two physicians, three surgeons, one gynaecologist, one ophthalmologist; consulting—two physicians, one surgeon; resident—acute surgeon, two surgical residents, one medical.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?

None.

27. How are the members of your visiting staff selected?

When a vacancy occurs, and advertisement is inserted in daily papers, the Medical Board send up three names to General Board, who elect one of the three to fill vacancy.

28. At what time are they in the habit of visiting the Hospital?

Nine o'clock and ten o'clock, A.M.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

Dr. George Duffay, Dr. Hartrey Benson, Dr. Henry Fitzgibbon, Mr. Whelan, Dr. O'Leary, Dr. Arthur Benson, Dr. William Sanyly; consultants—Dr. Appala, Dr. Banks, Mr. Tufnell.

30. How many beds are on an average under the control of each visiting physician and surgeon daily?

About thirteen or fourteen under the control of each surgeon, and about sixteen under the physicians, not including wing for infectious and contagious diseases, which contains sixteen beds.

31. How are patients admitted to your Hospital?

Urgent and accident cases never refused. By recommendations from Governors, Directors, and subscribers, &c.

32. Do you receive accident cases?

Yes.

33. Do you receive cases of infectious diseases?

Yes.

#### THE HOUSE OF INDUSTRY GOVERNMENT HOSPITALS

1. Name of your Hospital. How and at what time founded?

The House of Industry Hospitals, so called from their having originally formed the hospital establishment attached to the Government Institution, founded A.D. 1772 by Act of Parliament 11 and 12 Geo. III., Cap. 36, and known as The House of Industry in Dublin.

These Hospitals, which have medical and surgical Dispensaries and a leprosy establishment attached, were founded and erected by the Government, and the expenses defrayed by Grants of Parliament. The Hospitals were named after the several Lords Lieutenant of Ireland during whose vice-royalty they were founded, viz.—The Hardwicke Fever Hospital built and opened A.D. 1808; The Richmond Surgical Hospital purchased and opened A.D. 1811; The Whitworth Chronic (or Medical) Hospital built and opened A.D. 1817.

2. How is your Hospital governed—whether by a Board of Directors or otherwise?

By a Board of Governors, in whom the management of the Institution is vested by Act of Parliament.

3. If administered by a Board of Directors, describe method of appointment of members of Board.  
The Board is constituted under the 5th and 6th sections of the Act of Parliament 12 and 20 Victoria, Cap. 110, known as "The Dublin Hospitals Regulation Act." The Board consists of eleven members appointed by the Lord Lieutenant of Ireland for the time being. The original warrant of appointment by the Lord Justice of Ireland bears date, Dublin Castle, 19th May, 1857. The members of the Board hold office for life. On a vacancy occurring by resignation or death, a notification thereof is made by the Governor to the Chief or Under Secretary, for the information of the Lord Lieutenant, whereupon His Excellency appoints a new Governor to fill the place of the retiring or deceased member.
4. State the number of Board meetings held every year.  
From 1857 up to 6th September, 1883, the Board met weekly, giving 52 ordinary meetings in each year. Since 6th September, 1883, the Board meetings are held bi-monthly, giving 24 ordinary meetings in each year. Special or extraordinary meetings are also convened whenever necessary.
5. Number of Directors or Governors necessary to form a quorum.  
Two Governors form a quorum for the despatch of ordinary routine business at meetings of the Board duly summoned.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.

Year ending	Number of Meetings held (quorum present)	Number of Members attended	Average Number of Governors present
31st March, 1883, . . . . .	47	196	4.17
" 1884, . . . . .	39	165	4.35
" 1885, . . . . .	25	110	3.78
Total for last three years, . . . . .	115	475	4.13

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

BOARD OF GOVERNORS, Appointed by His Excellency the Lord Lieutenant (V.L. 26 Feb, Sep. 1881)	Year ending 31 March, 1883	Year ending 31 March, 1884	Year ending 31 March, 1885	Total for last three years.
1. The Right Hon. The Earl of Meath, Kilmainham, Reg. Chambers, . . . . .	4	5	9	9
2. Charles Cobbe, Esq., B.L., J.P., Newbridge House, Donabate, . . . . .	17	11	7	35
3. The Right Hon. Viscount Gormanston, B.L., J.P., Gormanston Castle, Rathfriland, . . . . .	—	—	—	—
4. Charles E. Martin, Esq., 18, Westfield place, . . . . .	—	—	—	—
5. William Stoker, Esq., 22, F. & C. L., 2, Morris-square, North, . . . . .	36	30	31	97
6. John R. Mahon, Esq., 74, Morris-square, South, . . . . .	21	19	7	47
7. John T. Burke, Esq., 22, F. & C. L., 40, Morris-square, S., . . . . .	36	40	21	97
8. Robert Connolly, Esq., A.M., 34, Bedford-square, West, . . . . .	24	23	5	52
9. Major Percy Raymond Green, B.L., J.P., Adelphi, Maltravers, Maltravers, . . . . .	—	—	—	—
10. Joseph Woodcock, Esq., St. Dunstan's, Booterstown, appointed 26th May, 1885, . . . . .	—	—	15	15
11. (Vacant)	—	—	—	—
The late Peter Paul McHenry, Esq., J.P., 21, Upper Mount-street, died 27th February, 1884, . . . . .	12	11	—	23
The late Colonel Charles C. Vasey, B.L., J.P., Lucas House, Leeson, died 21st May, 1885, . . . . .	7	2	6	15
Total, . . . . .	154	108	110	472

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the Hospital supervised?  
By the Board of Management. The following is a brief outline of the system of supervision which is strictly carried out:—No expenditure of any kind is allowed to be incurred until requisitions therefor have been entered in the want books of the respective officers of the various departments, and submitted to the Board for approval or otherwise. If sanctioned, the goods are ordered by means of blank order books, and when received are duly invoiced and entered. The accounts when rendered by the several tradesmen and contractors are compared with the invoice and books, and are carefully checked and certified by the proper Officers. The accounts are finally compared with the entries in the books by the Board. All expenditure is paid by drafts on the bank signed by two Governors and countersigned by the secretary. Vouchers for all payments are produced at the following meeting of the Board, and compared with the bank pass book, &c.
10. Are the Hospital accounts duly audited at the end of every financial year, and if so, by whom?  
Yes. By the Board of Governors. Certified Abstracts of the Accounts when so audited and duly verified, are—in conformity with Treasury minute of 9th June, 1865, and Under-Secretary to Lord Lieutenant's letter of 16th June, 1868 (when the Imperial Audit of Accounts of these Hospitals was discontinued by order of Government)—furnished annually in duplicate, to the Chief-Secretary's Office, Dublin Castle, and to the Treasury Department, London. Annual statements of the accounts are also rendered to the Government Board of Superintendence, and laid before Parliament in the Annual Reports of that Board to the Lord Lieutenant.
11. Does your hospital receive an annual grant from Parliament? If so, state amount.  
Yes. £7,500 is annually voted by Parliament for the support of the House of Industry Hospitals, but from this sum the Government deducts £327 4s. 3d., amount of dividends on Funded Property belonging to the House of Industry, leaving £7,172 15s. 9d. for the support of the three Hospitals, out of the sum voted.

## 12. State the grounds upon which this grant was originally given.

These will be found in the following extract taken from the Report of the Dublin Hospital Commission, dated December 4th, 1855, page 12, wherein the Commissioners say:—"The remaining portion of the establishment [of the House of Industry], viz.—the Hardwicke, Whitworth, and Richmond Hospitals, form an Institution capable of affording extensive relief, not only to the sick poor of Dublin, but to patients arriving from various parts of Ireland, many of whom are in the habit of resorting to these Hospitals for medical and surgical treatment. The ample means which the number of beds disposable for each different class of patients affords for general instruction in medicine and surgery, especially for that very important branch of medicine, the treatment of infectious febrile diseases, added to the advantage the Institution derives from its proximity to the Carmichael School of Anatomy, give it, in our opinion, peculiar claims to a liberal support, both in the character of an hospital for the benefit of the afflicted poor, and of a school for the advancement of medical science." Previously, namely on the 29th of June, 1854, the Select Committee on Dublin Hospitals, thus reported to Parliament in the following words taken from their report, pages v and vi:—"The system of instruction connected with these [the House of Industry] Hospitals is very extensive, a lecture room and a museum containing 1,000 drawings, and 2,500 preparations is established within the grounds in a building erected by Government in 1838." \* \* \* \* "Your Committee are of opinion that these Hospitals ought to be maintained in their present state of efficiency."

## 13. State distinctly upon what grounds you claim a continuation of the present grant?

Upon the grounds that these Hospitals, as Government Institutions, have always been maintained out of Imperial Funds; and that the present Parliamentary Grant constitutes their sole means of support. Moreover, these Institutions have always faithfully and efficiently fulfilled the several conditions upon which this grant was originally given—not only in affording extensive relief to the sick poor of Ireland at all times, and more especially during several successive epidemics of cholera, small pox, scarletina, typhus, and other infectious fevers, but also with regard to the great practical work of clinical teaching carried on by the medical and surgical staff of these Hospitals and Dispensaries. Since the grant was originally given in 1854-5, the accommodation for the sick has been largely augmented, through the enlargement of the Richmond Surgical and Hardwicke Fever Hospitals, by the erection of two extensive wings. A new Medical Dispensary has also been built in connexion with the Whitworth Hospital. The Surgical Dispensary for out-patients of the Richmond Hospital has been completely remodelled, and an Ophthalmic and Aural department established;—these improvements involving very considerable expenditure, without any additional assistance from the Government. The medical and surgical staff has also been increased by the appointment of additional officers, namely, an Assistant Physician and Pathologist; an Assistant Surgeon; an Ophthalmic Surgeon; a Consulting Obstetric Surgeon; a Curator of the Museum and Library; and a salaried Resident Surgeon. The number of Resident Pupils and Clinical Clerks has been increased from four to eight. A continuation of the grant is also claimed for the reason that the grounds whereon the Commissioners of 1855 based their recommendations, and which were adopted and confirmed by Parliament—still exist, and the conditions are in no way changed, with, perhaps, the single exception of the former closer proximity of the Carmichael School of Anatomy to the Hospitals—which School—nevertheless its removal to another street in Dublin—continues to maintain through both Teachers and Students, its intimate connexion with the House of Industry Hospitals.

## 14. Is your Hospital utilized for purposes of medical education?

Yes, very largely so. (See answers to queries 12, 13, 15, 16).

## 15. If so, state the average number of students on the books as receiving instruction during the last three years.

Sixty.

## 16. State the average daily number of students actually attending your Hospital during the last three years.

The daily average was about 50.

## 17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

The nurses are under the direct control of the matron as regards their general conduct, but are immediately responsible to the physicians and surgeons for the proper performance of their medical and surgical duties, under the direction and supervision of the resident surgeon and resident clinical clerk. The 10th rule in "List of duties of matron" appended, defines the matron's duties in relation to the nursing staff. She is to have the general control and direction of all the nurses and female servants of the establishment; and in any instance of irregularity or misconduct occurring, she is to state such in her report book, to be dealt with as the Board may direct. Certified nurses are not exclusively employed. The nurses, as a rule, are trained in the Hospitals, and many of them have considerably great experience.

## 18. State total number of beds in your hospital.

Hardwick Farm.	Whitworth Medical.	Richmond Surgical.	Total.
120	83	110	313

## 19. State average number of beds in daily use during the twelve months ending 31st March, 1865.

Hardwick Farm.	Whitworth Medical.	Richmond Surgical.	Total.
51-40	48-32	70-70	150-62

## 20. State the proportion of day nurses to beds occupied.

Hardwick Farm.	Whitworth Medical.	Richmond Surgical.	Total.
(4) 1 to 5	(4) 1 to 12	(3) 1 to 24	(11) 1 to 14

## 21. State the proportion of night nurses to beds occupied.

Hardwick Farm.	Whitworth Medical.	Richmond Surgical.	Total.
(2) 1 to 15	1 to 45	1 to 70	(4) 1 to 37

There are two night nurses in the Hardwick. There is one night nurse in the Whitworth. There is one night nurse in the Richmond.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.

—	Day Nurse.	Night Nurse.
Age of youngest, . . .	25	22
Age of oldest, . . .	64	40

23. What authority appoints and discharges nurses?

The Board of Governors. Rule 12 in list of matron's duties—as appended—describes the mode of procedure followed by the matron, under authority of the Board, as follows:—When she may consider any of the nurses or female servants ineligible to be retained, she shall report fully on same to the Board, and may, in the interval, suspend such servants; and, on any vacancy occurring, she shall make inquiry into the character of applicants, and recommend such as appear most eligible to the Board at their next meeting.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.

—	Hardwicke	Whitehead	Richmond	Total.
Intern patients treated, . . .	616	741	818	2,175
Extern patients treated, . . .	—	8,005	12,363	21,368

25. What is the composition of your professional staff, distinguishing between resident and visiting?

*Visiting Professional Staff.*—Four physicians, four surgeons, one assistant physician and pathologist, one assistant surgeon, one ophthalmic surgeon, one consulting obstetric surgeon, one curator of the museum and library.

*Resident Professional Staff.*—One house surgeon, eight resident pupils and clinical clerks, one apothecary and accoucher.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?

Yes. The physicians receive salaries—two at £100 each, and two at £60 each per annum. The resident surgeon receives a salary of £60 per annum, with usual allowances. No other members of the professional staff—except the resident apothecary—receive salaries.

27. How are the members of your visiting staff selected?

When a vacancy occurs by resignation or death the appointment is publicly advertised. The Board of Governors thereupon hold an election and appoint, subject to confirmation by the Lord Lieutenant and the Lords Commissioners of H. M. Treasury, the candidate possessing the highest qualifications and claims.

28. At what time are they in the habit of visiting the Hospital?

Rule No. 1 (appended), under heading "Physicians and Surgeons," supplies the answer to this query. It is most carefully acted upon.—The physicians and surgeons are to visit daily the patients in their charge between the hours of 8 and 11 o'clock, entering their names and hour of arrival in the signature books, which books are to be laid before the Board at each meeting for the signature of the Chairman.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

NAME.	OFFICE.	Year ending 31st March.			Total for last three years.
		1882.	1884.	1885.	
J. T. Buckle, . . . . .	Physician, . . . . .	323	319	313	955
N. G. McDowell (the late), . . .	do, . . . . .	147	150	906	906
E. Gordon, . . . . .	do, . . . . .	296	324	312	932
S. D. Eyles, . . . . .	do, . . . . .	215	145	126	486
W. Stokes, . . . . .	Surgeon, . . . . .	307	373	373	1053
W. Thomas, . . . . .	do, . . . . .	304	377	364	1045
W. Thornley Stoker, . . . . .	do, . . . . .	373	373	398	1144
A. H. Colley, . . . . .	do, . . . . .	386	385	313	1084
Professors, . . . . .	Assistant Physician and Pa- thologist, . . . . .	180	10	16	206
G. F. L. Weyth, . . . . .	do, . . . . .	—	—	30	30
Professors, . . . . .	Assistant Surgeon, . . . . .	371	313	77	761
J. J. Barry, . . . . .	do, . . . . .	—	—	130	130
A. H. Jacob, . . . . .	Ophthalmic Surgeon, . . . . .	107 1882	164	174	345

\* Appointed 15th September, 1874.

† Appointed 26th June, 1871.

‡ No record kept, but attended twice a week.

N.B.—On every occasion of the temporary absence of a physician or surgeon his duties were, by arrangement, carefully attended to by one of his colleagues, under sanction of the following Board Regulation No. 5:—In the event of any physician or surgeon being absent, he is to provide that his duty shall be undertaken by some other physician or surgeon of the institution; and in the event of proposed absence

exceeding a week, the physician or surgeon so absencing himself is to apply to the Board for leave of absence, and in his application name the physician or surgeon who is to act for him during his absence, it being always understood and provided among the physicians and surgeons themselves that not less than two physicians and two surgeons shall always be on duty. [Fide, also By-Law No. 3, under heading "Assistant Physician," page 12, and By-Law No. 10, under heading "Resident Surgeon," page 14.]

30. How many beds are on an average under the control of each visiting physician and surgeon daily?

	Harbucke.	Whitworth.	Edmond.
Daily average No. of Beds occupied during year ended 31st March, 1885.	2140	4122	1070
Average No. under control of each Visiting Physician daily.	67	127	—
Average No. under control of each Visiting Surgeon daily.	—	—	447

31. How are patients admitted to your Hospital?

They are admitted with or without recommendation, if suitable or urgent cases, so long as there are vacancies. The rule for admission of patients is appended:—Patients shall be admitted into the hospital by order of one of the physicians or surgeons, as the case may be, or by the resident surgeon or resident pupils, under authority of the physicians or surgeons, and in no other manner.

32. Do you receive accident cases?

Yes, at all hours of the day and night.

33. Do you receive cases of infectious diseases?

Yes, at all times. They are admitted immediately, and without notice being required.

34. If so, state the number of cases of small-pox, typhus, scarlatina, measles, diphtheria, &c., treated during the past three years.

Diseases.	Year ending 31st March.			Total for last Three Years.
	1883.	1884.	1885.	
Small-pox, . . . . .	—	—	—	—
Typhus, . . . . .	281	94	132	457
Scarlatina, . . . . .	17	80	136	223
Measles, . . . . .	13	11	68	92
Diphtheria, . . . . .	3	1	5	8

CHAR. CORRIE, Chairman.

JAMES WILSON HUGHES, Secretary.

House of Industry Government Hospital,  
North Brunswick-street, Dublin,  
24th day of September, 1885.

# THE HOSPITAL FOR RELIEF OF POOR LYING-IN WOMEN IN DUBLIN, valgo THE ROTUNDA HOSPITAL.

1. Name of your Hospital. How and at what time founded?

The Hospital for Relief of Poor Lying-in Women in Dublin, valgo, The Rotunda Hospital. Originally opened on 15th March, 1745, in "George's-lane" (South George's-street); afterwards in year 1757 on present site, under Royal Charter, George II., 1758.—J.M.

2. How is your Hospital governed—whether by a Board of Directors or otherwise?

By Board of Governors and Guardians limited to 60 (of whom 11 are *ex-officio*) in succession to Governors and Guardians named in Charter.—J.M.

3. If administered by a Board of Directors describe method of appointment of members of Board.

Gentlemen undertaking to subscribe annually £5 or for life £10, or being otherwise Benefactors, are eligible to become Governors upon being duly proposed and seconded at a Board meeting previous to that at which election takes place, which latter can only be at a Stated General ("Charter") Meeting; it has been customary to elect ex-officio on the Board as a matter of courtesy, provided there be room, and under the same formalities as to previous nomination.—J.M.

4. State the number of Board meetings held every year.

Ordinary meetings of Board, 8, ordinary meetings of House Committee, 12. Special meetings of either from time to time as occasion may require.—J.M.

5. Number of Directors or Governors necessary to form a quorum.

At a Stated General (Charter) Board meeting the quorum is 7; at other ordinary or special meeting, 5.—J.M.

6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.

Average attendances at ordinary Board meetings, 8; during year ended 31st March, 1885, 12-61 (pay 15).—J.M.

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

List of Governors and Guardians exhibiting in margins the number of Board and Home Committee meetings attended by each during three years ended 31st March, 1885:—

President—\*His Excellency the Lord Lieutenant.

Vice-Presidents:

*The Right Hon. The Lord Chancellor.		The Lord Ardilium.
*His Grace the Lord Archbishop of Dublin.		Sir Ralph S. Caswell, <i>B.A.</i> , . . . 3
*His Grace the Duke of Leinster.		The Right Hon. The Vice-Chancellor, . . . 7
*His Grace The Lord Primate, . . .	John Richardson, Esq., <i>Q.C.</i> , <i>J.P.</i> , . . . 10	Samuel Bowley, Esq., <i>J.P.</i> , . . .
*The Right Hon. The Lord Mayor, . . . 3	Chaworth J. Ferguson, Esq., <i>J.P.</i> , . . . 11	Samuel F. Adam, Esq., <i>J.P.</i> , . . . 18
The Commander of the Forces, . . .	Edward Geale, Esq., . . . 3	John Jameson, Esq., <i>J.M.R.</i> , <i>J.P.</i> , . . .
*The Very Rev. The Dean of St. Patrick's, . . .	Robert W. Sheldrake, Esq., <i>Q.C.</i> , . . . 16	Richard G. Pilkington, Esq., . . . 25
*The Von The Archbishop of Dublin, . . .	Edmond D'Olier, Esq., . . .	Robert Cornwall, Esq., <i>A.M.</i> , . . . 23
*The High Sheriff of Dublin, . . . 2	A. B. Kirkpatrick, Esq., <i>J.P.</i> , . . .	The Right Hon. G. A. C. May, . . .
*The Recorder of Dublin, . . . 4	John Munnell, Esq., <i>J.P.</i> , . . . 5	Lord Chief Justice of Ireland, . . .
Every Kennedy, Esq., <i>M.D.</i> , <i>J.P.</i> , . . .	Holt Glass, Esq., . . .	Jonathan Hogg, Esq., . . . 97
Esq. Master, . . .	Henry Wilson, Esq., <i>J.P.</i> , . . . 1	Robert Wm. Arbuthnot Holmes, Esq., <i>J.P.</i> , . . . 9
William Collins, Esq., <i>M.B.</i> , . . .	E. H. Kinsman, Esq., <i>J.P.</i> , . . . 2	James Little, Esq., <i>M.D.</i> , Consulting Physician, . . .
Consulting Surgeon, . . . 12	Charles U. Townsend, Esq., <i>J.P.</i> , . . . 9	Francis T. Dumas Longworth, . . .
Charles Cobbe, Esq., <i>M.L.</i> , <i>J.P.</i> , . . . 3	Francis Loftus Tottenham, Esq., . . . 5	Esq., <i>Q.C.</i> , <i>J.P.</i> , . . . 1
Joseph Shaw, Esq., . . . 1	Robert Warren, Esq., <i>M.L.</i> , <i>J.P.</i> , . . .	Arthur V. Mason, Esq., <i>M.B.</i> , . . . 60
William Foot, Esq., <i>J.P.</i> , . . . 11	F. Blackburne Marley, Esq., . . . 8	Wm. Geale Wythams, Esq., <i>J.P.</i> , . . . 2
Thomas J. White, Esq., . . . 15	Richard O'Brien Farlong, Esq., . . . 5	Thomas Greene, Esq., . . . 1
J. A. Hamilton, Esq., <i>J.P.</i> , . . . 4	Anthony Trail, Esq., <i>M.B.</i> , <i>M.D.</i> , <i>J.P.</i> , <i>F.R.C.D.</i> , . . . 5	Right Hon. Lord Justice Fitzgibbon, . . . 1
John Denham, Esq., <i>M.D.</i> , Esq. Master, . . . 20	Richard Owen Armstrong, Esq., . . . 18	Major Percy Raymond Gosset, . . . 5
Laurie H. Dearing, Esq., . . . 7	Charles G. Stranell, Esq., . . . 14	Lawson, Mr. Justice (Resigned), . . . 5
A. J. Aldrich, Esq., . . . 25	Leahs Atkhill, Esq., <i>M.D.</i> , Esq. Master, . . . 41	Manders, ——— (Deceased), . . . 5

\* The official Government

† Killed after period referred to.—K. M.

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? All annual provision contracts are advertised.—J.M.
9. How are the expenses of the Hospital supervised? All items of expenditure are duly accounted, compared, and certified by the officer issuing the orders therefor—viz., the master, the secretary, the matron, and finally by the secretary; and are afterwards laid by House Committee, previous to meeting of General Board, for drafts in discharge.—J.M.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom? The accounts are duly audited each year by public auditors.—J.M.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
Yes, £700.—J.M.
12. State the grounds upon which this grant was originally given.  
Because the Hospital had constantly received grants from the old Irish Parliament when in need of funds, £22,500 being thus contributed. The Commission of 1854 also recommended the continuation of grant, as the teaching given here was considered of national importance.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
Same as above—and also that of late years the teaching powers of the Hospital have enormously increased, more especially with regard to the diseases of women, in which there is no equal to this Hospital in the United Kingdom.
14. Is your Hospital utilized for purposes of medical education? See above.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
From 50 to 60.
16. State the average daily number of students actually attending your Hospital during the last three years.  
No list of daily attendances kept.
17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
Each labour ward is in charge of a trained nurse, and under her are two pupil midwives. The ward nurses have been trained for six months in this Hospital. In the auxiliary hospital there is a trained nurse to each ward.
18. State total number of beds in your Hospital.  
105.—J.M.
19. State average number of beds in daily use during the twelve months ending 31st March, 1855.  
Daily average of beds occupied by patients 50·99 (say 51).—J.M.
20. State the proportion of day nurses to beds occupied.  
4 day nurses to 50·99, say 51 beds— $\frac{4 \cdot 008}{105}$ .

21. State the proportion of night nurses to beds occupied.  
Two night nurses (pupil midwives) throughout Hospital, 1 nurse-in-ordinary in charge of working ward.—J.M.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
Under 50 and over 25.
23. What authority appoints and discharges nurses?  
The Master of the Hospital.
24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1888. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1888.
- |        |   |                      |       |                  |
|--------|---|----------------------|-------|------------------|
| Intern | { | Initial number       | 55    | }=1,374 Intern.  |
|        | { | Admitted during year | 1,319 |                  |
| Extern | { | Dispensary cases     | 8,740 | }=10,309 Extern. |
|        | { | Midwifery out cases  | 1,629 |                  |
- Total, . 12,143.—J.M.
25. What is the composition of your professional staff, distinguishing between resident and visiting?  
A Consulting Physician. } Non-Resident.  
A Consulting Surgeon. }  
Resident:  
The Master, Dr. A. V. Macan.  
Assistant Physicians { Dr. J. L. Lane.  
                                  { Dr. R. H. Fleming.  
Clinical Clerk, Dr. Vivian Falkner.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?  
The Clinical Clerk £50.
27. How are the members of your visiting staff selected?  
The consulting Physician and Surgeon, and the Master are appointed by the Board, which also appoints the Assistant Physician and Clinical Clerk on being nominated by the Master. The staff is all resident, except the consultants.
28. At what time are they in the habit of visiting the Hospital?  
The Master visits the Hospital from 9 to 12.30 daily, except Saturday—and again goes round some time in the evening. One Assistant Physician is continuously on duty, and the Clinical Clerk has charge of the external maternity.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.  
Master—Arthur V. Macan, M.B., F.R.C.S.P.  
Consulting Physician—James Little, M.D., F.R.C.S.P. Consulting Surgeon—William Colles, M.D., F.R.C.S.I.  
Assistant Physicians—John Lilly Lane, M.A., M.D., F.R.C.S.P., F.R.C.S.I., R. H. Fleming, M.B., M.C.H.  
The information as to the times and number of visits is given above, vide 28.
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
The master has sole charge of the Hospital.
31. How are patients admitted to your Hospital?  
All women in labour are admitted without orders. Admission to chronic wards by order of the Master or Assistant Physicians, or letter from Governor.
32. Do you receive accident cases?  
No, except in cases of pregnant women.
33. Do you receive cases of infectious diseases?  
No.
34. If so, state the number of cases of small-pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.
- NOTE.—Replies initialed "J.M.," made and filled in by me. 31/3/88. Other replies furnished by Master. 9/10/88.—J. MULLER.

## JERVIS-STREET HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
Jervis-street Hospital. Founded 1718 by Six Surgeons practising in Dublin.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a Committee of Management, numbering fifteen.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
On the first Thursday after the 5th January every year, the Governors are summoned by public advertisement to meet for the purpose of electing fifteen persons from amongst their number, who are to form the Managing Committee for the ensuing year.
4. State the number of Board meetings held every year.  
The Committee meet once every month, and oftener if required.
5. Number of Directors or Governors necessary to form a quorum.  
Five at a general or special meeting of the Governors; three at a meeting of the Managing Committee.
6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
Five.

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

The following have been members of Committee for three years:—His Eminence Cardinal MacCabe, O; John E. Barry, 14; Alderman Campbell, 23; James Dillard, 33; Very Rev. Canon Fricker, s.p., 7; William Findlater, s.p., 4; William Kelly, s.p., 30; Charles Kennedy, s.p., 29; Thomas S. Martin, 3; James Talbot Power, s.p., 3; Edward Thomas Stimpson, 24; Joseph Woodcock, 6. Rev. James Daniel, s.p., for 1882, 1; James P. Lombard, s.p., for 1883, 0; Thomas S. McLean, for 1882 and 1883, 2; Rev. B. F. Condon, for 1883 and 1884, 6; John Mulligan, for 1883 and 1884, 8; Alderman Manager, Lord Mayor for 1884, 1.

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? Yes.

9. How are the expenses of the Hospital supervised?

The accounts are examined by the Committee each month, and vouchers for expenditure produced to them.

10. Are the Hospital accounts duly audited at the end of every financial year; and, if so, by whom? By Messrs. O'Neil and Gardner, Public Accountants.

11. Does your Hospital receive an annual grant from Parliament? If so, state amount. The sum of £60, Irish.

12. State the grounds upon which this grant was originally given.

This sum is paid under the Irish Statute 5 Geo. III., c. 20, sec. 13.

13. State distinctly upon what grounds you claim a continuation of the present grant.

That the funds of the Hospital are insufficient to maintain the patients who daily seek admission, and as the Hospital is open at all hours for cases of accident.

14. Is your Hospital utilized for purposes of medical education? Yes.

15. If so, state the average number of students on the books as receiving instruction during the last three years.

About twenty-five. This number does not represent the attendance of pupils in ordinary years. The reconstruction of the hospital has necessarily greatly diminished the number of the class of students.

16. State the average daily number of students actually attending your Hospital during the last three years. About twenty.

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

The nursing is undertaken by Sisters of Mercy, having under their control wardside. We do not employ trained nurses.

18. State total number of beds in your hospital. Twenty-four.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885. Twenty-five. Severe accidents have very frequently to be treated on the floor of the ward.

20. State the proportion of day nurses to beds occupied.

There are four Sisters, six female assistants, and two porters, to twenty-five beds occupied.

21. State the proportion of night nurses to beds occupied. One to twelve and a half.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards. Youngest about 30; oldest about 65.

23. What authority appoints and discharges nurses?

Sister Superior, subject to the control of the Managing Committee.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885. Intern, 628; extern, about 30,000.

25. What is the composition of your professional staff, distinguishing between resident and visiting?

The hospital is attended by two visiting physicians, seven visiting surgeons, one resident surgeon, and apothecary. These resident pupils, one at least of whom is usually qualified to practice.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?

No member of the visiting staff receives any remuneration. The resident surgeon, who acts as apothecary, receives £120 a year. The resident pupils are not paid.

27. How are the members of your visiting staff selected?

By a majority of the votes of the Governors of the hospital. Governors are subscribers of twenty pounds in one sum, or of two guineas annually.

28. At what time are they in the habit of visiting the hospital?

Instruction commences at eight o'clock and continues till eleven.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the hospital during the last three years.

Doctors MacSwiney and Martin; Messrs. Mallon, Stoker, Canny, McDonnell, Lentsigne, Gnan, and Chaney.

Owing to the reconstruction of the hospital it would not be possible to give an account of the exact number of attendances. At least three members of the staff visited the hospital every day.



30. How many beds are on an average under the control of each visiting physician and surgeon daily? It would not be possible to answer for the reason given above.
31. How are patients admitted to your hospital? The severity of the injury or disease is the sole claim for admission. Recommendation, influence, or religion, is quite disregarded.
32. Do you receive accident cases? A very large number of accidents are treated annually.
33. Do you receive cases of infectious diseases? No.

## THE WESTMORLAND LOCK (GOVERNMENT) HOSPITAL.

## 1. Name of your Hospital. How and at what time founded?

The Westmorland Lock Hospital. Founded by Government, A.D. 1793, during the Viceroyalty of the then Earl of Westmorland, Lord Lieutenant of Ireland, after whom the Institution was called.

## 2. How is your Hospital governed—whether by a Board of Directors or otherwise?

By a Board of Governors.

## 3. If administered by a Board of Directors, describe method of appointment of members of Board.

The members of the Board are appointed by the Lord Lieutenant of Ireland for the time being. They hold office for life. On a vacancy occurring by resignation or death, the fact is notified to the Chief or Under Secretary, whereupon the Lord Lieutenant appoints a Governor in the place of the retiring or deceased member.

## 4. State the number of Board meetings held every year.

Twelve ordinary Board meetings are held in each year—and special meetings should occasion require.

## 5. Number of Directors or Governors necessary to form a quorum.

Three.

## 6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.

Year ending	Number of meetings held (quorum present).	Number of Members attended.	Average number of Governors present.
31st March, 1883, . . . .	16	83	5.12
Do., 1884, . . . . .	11	54	4.91
Do., 1885, . . . . .	18	101	5.61
Total for last three years, . . . .	45	237	5.27

## 7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

## WESTMORLAND LOCK (GOVERNMENT) HOSPITAL.

## BOARD OF GOVERNORS.

Appointed by His Excellency the Lord Lieutenant.

Date of Appointment.	Name of Governor.	Number of Attendances at Meetings of Board held during year ended 31st Mar. 1885.	Number of Attendances at Meetings of Board held during year ended 31st Mar. 1884.	Number of Attendances at Meetings of Board held during year ended 31st Mar. 1883.	Total for last three years.	Observations.
1838, Oct. 6th.	Harvey O'Connell, esq. (the late), . . . .	0	0	0	0	—
1839, Oct. 6th.	Matthew Anderson, esq., . . . . .	0	0	0	0	—
1879, Nov. 5th.	William Thompson, esq. (the late), . . . .	1	—	—	1	—
1880, Jan. 31st.	Patrick J. Moyle, esq. J.P. (the late), . . . .	0	2	2	4	—
1882, Oct. 6th.	James William Marshall, esq., M.D., . . . .	0	0	0	0	—
1883, April 18th.	Alfred John Campbell, J.P., . . . . .	0	0	0	0	—
1884, Oct. 2nd.	George Wm. Mitchell, esq., M.D., F.R.C.S., . . . .	1	0	1	2	—
1885, April 1st.	Alfred John Campbell, esq., J.P., . . . . .	0	2	2	4	—
1887, April 30th.	Mr. John Hargrave, Esq., M.D., J.P., . . . .	12	4	10	26	—
1888, Mar. 2nd.	Mr. William Corbett, Esq., M.D., J.P., . . . .	0	2	7	9	—
1879, May 31st.	Edward Pittell, esq., J.P., . . . . .	15	12	16	43	—
1878, April 26th.	John Taylor Harrison, esq., M.D., . . . . .	0	0	0	0	—
1874, April 18th.	Edward Hudson Kinahan, esq., J.P., . . . .	1	0	0	1	—
1878, June 18th.	John Boyd, esq., J.P., . . . . .	2	1	2	5	—
1875, Dec. 31st.	James Thompson O'Brien, esq., . . . . .	4	4	4	12	—
1877, Jan. 9th.	Mr. George B. Quinn, Esq., M.D., J.P., . . . .	14	10	17	41	—
1878, Feb. 6th.	Philip Gwynne Smyth, esq., M.D., F.R.C.S., . . . .	3	1	3	7	—
1879, April 18th.	James Henry Wharton, esq., M.D., F.R.C.S., . . . .	18	5	11	34	—
1880, Jan. 21st.	John Robert Mallin, esq., . . . . .	7	3	5	15	—
1880, Nov. 26th.	Frederic Ralph Quinn, esq., M.D., F.R.C.S., . . . .	1	0	2	3	—
1882, Dec. 5th.	Mr. George Horridge Porter, Esq., M.D., F.R.C.S., . . . .	—	2	7	9	—
1884, May 26th.	William Poulton, esq., J.P., . . . . .	—	—	0	0	—
1885, June 12th.	Richard O'Sullivan, esq., J.P., . . . . .	—	—	—	—	—
	(One vacancy).					—
	Total, . . . . .	62	54	99	215	—

\*Appointed subsequent to 31st March, 1885.

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.
9. How are the expenses of the hospital supervised?  
By the Board of Governors. The following is a brief outline of the system of supervision, which is strictly carried out. No expenditure of any kind is allowed to be incurred until requisitions therefor have been entered in the Ward Books by the respective officers of the various departments, and submitted to the Board for approval or otherwise. If sanctioned, the goods are ordered by means of book order books, and when received are duly invoiced and entered. The accounts when rendered by the several tradesmen and contractors are compared with the invoices and books, and are carefully checked and certified by the proper officers. The accounts are finally compared with the entries in the books by the Board. All expenditure is paid by drafts on the Bank, signed by the Governors, and countersigned by the Registrar. Vouchers for all payments are provided at the following meetings of the Board, and compared with the Bank Pass Book, &c.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes. By the Board of Governors. Certified statements of the accounts when so audited and duly verified are—in conformity with Treasury orders of 28th June, 1833, and Under Secretary to Lord Lieutenant's letter of 10th June, 1835 (when the imperial audit of accounts of this hospital was discontinued by order of Government)—forwarded annually, in duplicate, to the Chief Secretary's office, Dublin Castle, and to the Treasury Department, London. Annual statements of the accounts are also rendered to the Government Board of Superintendence of the Dublin Hospitals, and laid before Parliament in the annual reports of that Board to the Lord Lieutenant.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
Yes. £2,600 of the sum annually voted for "Hospitals and Infirmeries, Ireland"—in the Civil Service Estimates—and, recently, a grant of £250, from the War Department for support of ten extra beds at £25 each. The War Office undertaking to pay £25 for every extra bed occupied above ten but not exceeding twenty extra beds, in all, or £500.
12. State the grounds upon which this grant was originally given.  
For the cure and alleviation of venereal disease. Since the year 1820, by order of Government, medical relief is restricted to females only.
- The following extract from the *Parliamentary Report of the Select Committee on Dublin Hospitals*, 29th June, 1834, page iv.—states officially the grounds upon which this grant was originally given. Having considered the evidence adduced on behalf of the Westminster Lock Hospital—the Select Committee reported as follows:—
- "The importance of such an institution in a town like Dublin can hardly be overrated. It appears that in large garrison towns, the establishment of a Lock Hospital for females is the best mode of preventing venereal disease amongst the soldiery. On the mere grounds of economy its support by Parliament can be justified, as venereal disease incapacitates, and even causes the discharge of the soldier at the very age that he is most serviceable to the country. . . . There are great objections to the treatment of female venereal patients in general, or in Workhouse Hospitals; in Dublin they have usually been totally excluded from the former, and serious evils have arisen from their treatment in the latter. Venereal disease has increased in the City in consequence of the great living being reduced. It is difficult to obtain private subscriptions for such an institution."
- The Board of Governors fully endorse and confirm the above statement, and are warranted in testifying, from actual practical experience, that the grounds upon which the Select Committee based their recommendation, that this Hospital should be supported by the State, are as cogent in 1835, as they were in 1834.
- It is right to add here that every one of the conditions and recommendations suggested by the Dublin Hospitals Commission of 1834, as to classification of patients, and the utilization of the institution as a reformatory for the moral redemption of the patients, in combination with its services as a hospital, have been carefully carried out, with excellent results. See annual Reports of Board of Superintendence of the Dublin Hospitals, with appendices and tables showing the number of Lock Hospital patients sent to Penitentiaries, and restored to their parents and homes, or provided with situations when reformed.
13. State distinctly upon what grounds you claim a continuation of the present grant.  
The necessity of maintaining this special Hospital as a means of preventing the prevalence and spread of venereal disease in Dublin, and the other large garrison towns, and shipping ports of Ireland—from whence the women come, when diseased, to this Hospital. Not only are patients admitted from all parts of Ireland, but from England, Scotland, the Colonies and other foreign parts. The patients are the most wretched and destitute class in the community, utterly unable to pay for medical relief and support, while from the nature of the Hospital, and its inmates it is impossible to obtain, or even hope for any aid outside the Government grant.
- The following testimony is adduced as evidence of efficient and economical management. The visitors' book contains the following entries made therein, by Doctor W. H. Staggitt of London, the Government Inspector of Certified Hospitals under the War Department, and Board of Admiralty:—
- "May 28th, 1831.—I have had the very great pleasure of accompanying Doctor Macnamara around the whole of this excellent and well managed institution, and I cannot praise too highly the evident marks of care and attention shown by the matron and resident medical officer to the comfort and well-being of the patients, as well as to the order, cleanliness, and good management of the wards.
- "Signed, W. H. STAGGITT, Inspector of Certified Hospitals, under War Department, and Board of Admiralty."
- "September 22nd, 1831.—I have had much pleasure in visiting the wards of this Lock Hospital, which I have found in very excellent order. The wards recently furnished at the cost of the War Department are especially to be commended. I have also inquired into the treatment adopted, as I have, in many of the cases, had great professional gratification in witnessing the marked success in some very severe and prolonged cases of constitutional syphilis.
- "Signed, W. H. STAGGITT, Inspector of Certified Hospitals."

14. Is your Hospital utilised for purposes of medical education?  
From the nature of the Hospital and the character of the patients treated therein, the attendance of students has never been permitted.
15. If so, state the average number of students on the books as receiving instruction during the last three years.  
See answer to query 14.
16. State the average daily number of students actually attending your Hospital during the last three years.  
See answer to query 14.
17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.  
There is no specially organized system of nursing adopted at this Hospital. Every effort is made, through advertisements and otherwise to obtain trained nurses. The Midwife nurse holds a diploma from the Rotundo Lying-in Hospital. Another nurse has acquired experience and skill both at the Lock Hospital and previously at another Dublin Hospital. The remaining nurse has been regularly trained at the Adelaide Hospital, Dublin, and possesses a certificate of training as an Hospital nurse.
18. State total number of beds in your Hospital.  
Up to 80 beds can be maintained with the funds provided by the ordinary Government grant and the grant of £25 per bed occupied at expense of War Office. There is space for 100 or 150 beds if there were funds to keep them up.
19. State average number of beds in daily use during the twelve months ending 31st March, 1885.  
69 1/4, or say 70 beds.
20. State the proportion of day nurses to beds occupied.  
One nurse to 2 3/4 beds.
21. State the proportion of night nurses to beds occupied.  
There are no night nurses. Night attendance is but rarely required—and whenever occasion arises for it, a convalescent patient, approved of by the Surgeon in charge, is told off for the duty, which is always cheerfully undertaken for the recompense of a little dry tea and sugar as an extra.
22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
Youngest 26; oldest 63.
23. What authority appoints and discharges nurses?  
The Board of Governors.
24. State total number of intern patients treated in your Hospital during 12 months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.  
828 patients, including 31 intern midwifery cases. There are no extern or dispensary patients.
25. What is the composition of your professional staff, distinguishing between resident and visiting.  
One resident Surgeon, Apothecary, and Accoucheur; two visiting (or non-resident) Surgeons.
26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?  
All the members of the professional staff receive remuneration from the funds of the Hospital, namely:—  
Two visiting Surgeons £120 and £110 respectively, as salary per annum; one resident Surgeon £100 salary, £1 1s. for each midwifery case occurring in the Hospital—amount for year 1884-5, £32 11s. with apartments, coal, light, and other allowances.
27. How are the members of your visiting staff selected?  
On a vacancy occurring the appointment is advertised, and the Board elect from among the candidates who apply.
28. At what time see they in the habit of visiting the Hospital?  
Daily between the hours of twelve and two o'clock.
29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.
- |                               | Year ended<br>31st March,<br>1884 | Year ended<br>31st March,<br>1885 | Year ended<br>31st March,<br>1886 | Total visits<br>for last<br>three years. |
|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|
| Rawdon Macnamara, M.D., . . . | 376                               | 380                               | 385                               | 841                                      |
| Henry Fitzgibbon, M.D., . . . | 255                               | 246                               | 230                               | 731                                      |
30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
The beds are equally divided between the surgeons. Taking the daily average number occupied as 70, gives 35 beds for each surgeon.
31. How are patients admitted to your Hospital?  
They are admitted either with or without a recommendation or order, if diseased.
32. Do you receive accident cases?  
Yes, & affected with syphilis as well.
33. Do you receive cases of infectious diseases?  
No; only contagious cases.
34. If so, state the number of cases of small-pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.  
See answer to query 33.

(Certified),

Westminster Lock Government Hospital,  
Dublin, 4th day of August, 1885.JAMES WILSON HUGHES, Registrar.  
S. B. OWEN, Knt., Chairman.

## COOMBE LYING-IN HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
Coombe Lying-in Hospital—founded in 1826—Incorporated by Royal Charter in 1847.

2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a Board termed "The Guardians and Directors."

3. If administered by a Board of Directors, describe the method of appointment of members of Board.  
The first "Guardians and Directors" were nominated and appointed by the Royal Charter, which now limits the members of the Corporation to twenty-one:—the Charter directs "that whenever and so often as a vacancy shall exist in said Corporation, by reason of the death, resignation, or removal of any of its Members, the said Corporation, at any meeting thereof, or the major part of the Members then present, may and shall, from time to time, nominate and elect such fit and proper person or persons, to be a Guardian and Director or Guardians and Directors of said Hospital, as they shall think most likely to encourage and promote the charitable designs of the said Corporation."

4. State the number of Board meetings held every year.  
The meetings are monthly—with emergency meetings as the necessity arises.

5. Number of Directors or Governors necessary to form a quorum.  
Three.

6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
For the last three years, 55.

7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years, ending 31st March, 1885.

The Right Hon. the Lord Mayor,	4	James Fitzgerald Lombard, Esq., J.P.,	18	George H. Kidd, Esq., M.D., Ex-Master,	25
The High Sheriff of the City of Dublin,	8	John Norwood, Esq., M.D. (the late),	18	John T. Banks, Esq., M.D.,	7
The Right Hon. the Earl of Meath,	0	John Richardson, Esq., Q.C.,	8	William A. Hayes, Esq. (resigned),	9
Lord Ardilaun, M.P.,	2	Edward Fortrell, Esq., J.P.,	23	Richard Balger, Esq., J.P.,	5
Sir William Corbett, M.P.,	31	John Summers, Esq.,	11	Samuel R. Mason, Esq., M.D., Master,	22
Alfred Campbell, J.P.,	0	Sir Charles A. Cameron, M.D.,	10	Rev. Jas. Daniel, R.P. (appointed in December, 1884),	3
Alfred Desper,	5	John Fox Goodman, Esq., J.P.,	23		
Robert Collow, Esq., J.P.,	4	George Mitchell, Esq.,	27		

Rev. J. Dryden Smylie, M.A. (appointed in Mar., 1885).

8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
Yes.

9. How are the expenses of the Hospital supervised?  
The accounts for all supplies are vouched by the Master—examined by the Registrar, and submitted by the latter to the "Guardians and Directors" for payment. They are paid by cheque, and the vouchers for such drafts are examined by the Chairman of the meeting of the Board, subsequent to such order for payment.

10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom?  
Yes. By Craig, Gaudner, & Co., Public Auditors.

11. Does your Hospital receive an annual grant from Parliament? If so, state amount.  
Yes. £200 per annum.

12. State the grounds upon which this grant was originally given.  
As a portion of the Parliamentary grant given "with reference more particularly to the advancement of Medical Science," and also as our Hospital "affords much external attendance in lying-in cases (an arrangement which is found extremely useful in other large communities), thus affording to medical students a wide field for enabling them to become acquainted with this important branch of their profession, and supplying relief to this class of patients at far less cost than if they were admitted into hospital."

13. State distinctly upon what grounds you claim a continuation of the present grant.  
The increased work we have had in all departments—the hospital having been rebuilt and enlarged (in 1875-7), and having had accommodation for sixty-five patients, as compared with thirty-one beds only when the grant was made in 1854; thus all the grounds upon which the grant was originally made have been increased, and "many hundred medical gentlemen, who have received their education in practical midwifery and the diseases of women and children in our hospital exclusively, now hold commissions in the Army or Navy Medical Service, or fill important civil medical appointments, or are in private practice as physicians or surgeons throughout Great Britain and Ireland and the Colonies. Very many women likewise educated and thoroughly instructed as midwives in our hospital have settled in various parts of the kingdom as well as abroad, and have thereby been the means of preventing the unhappy facilities necessarily resulting from the practice as midwives of ignorant and uneducated women."

14. Is your Hospital utilized for purposes of medical education?  
Yes.

18. If so, state the average number of students on the books as receiving instruction during the last three years.

1st April, 1882, to 31st March, 1883.	1st April, 1883, to 31st March, 1884.	1st April, 1884, to 31st March, 1885.
163 Males. 17 Females.	127 Males. 8 Females.	125 Males. 10 Females.
<hr/> 120	<hr/> 135	<hr/> 135

14. State the average daily number of students actually attending your Hospital during the last three years.

About 20

17. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

The head nurse has been trained in our own Hospital. Of the two under nurses, one was trained in Stevens' Hospital; the other in the Adelaide Hospital. The foregoing are assisted by the pupil nurses who take duty in rotation on alternate days.

18. State total number of beds in your Hospital.  
Sixty-five.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885.

20. State the proportion of day nurses to beds occupied.  
Three permanent nurses with the pupil nurses in attendance.

21. State the proportion of night nurses to beds occupied.  
One, with the pupil nurses in attendance.

22. State the age of the youngest and of the oldest day or night nurse in charge of a ward or wards.  
Youngest, 38 years; oldest, 49 years.

15. What authority appoints and discharges nurses?  
Such appointments or discharges are made by the Guardians and Directors, on consultation with the Master.

24. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1883. State total number of patients treated as extern patients, including Dispensary, accident, and delivery cases, during the twelve months ending 31st March, 1883.

629 under treatment during year in labour wards.  
216 " " " chronic wards.  
2,160 extern maternity department.  
2,550 attended at Special Dispensary.  
6,382 " General Dispensary.

23. What is the composition of your professional staff, distinguishing between resident and visiting. The assistants to the Master are resident, the remainder of professional staff are visiting, and both are fully set forth in reply to query 28.

16. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital?  
The Medical Officer of the Guinean Dispensary.

27. How are the members of your visiting staff selected?  
By the "Guardians and Directors."

28. At what time are they in the habit of visiting the Hospital?  
The Master visits daily, and further upon all emergencies as they arise. The assistants to the Master, are resident. The Medical officer of the Dispensary visits daily (Sundays excepted), while the remainder of the staff, from five to fourteen inclusive, as set forth in reply to query 29, attend on such occasions as their services are required.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the Hospital during the last three years.

## Mature

1. Samuel R. Mason, D.A., M.D., (Univ. Dub.); F. & Mosh. Court of Examiners R.C.H.I., &c.

### Assistants to the Minister

2. Frederick W. Kidd, D.A., L.R.C.S.I., L.M. (Coombe Hospital).  
3. J. Colclough Hoey, L.D.S.M.E., D.Q.C.C.I., L.R.C.S.I., L.M. (Beth).

*Medical Officer of the Dispensary.*

4. Sir William Carroll, M.D., L.R. & C.P.L., M.R.C.S. Eng.

#### Pathological Analysis

S. Sir Charles A. Cameron, M.D., D.S.M. (Cambridge), President, R.C.S.I., Professor of Chemistry and Hygiene, R.C.S.I.

### Extra Funding Placements

6. John William Moore, A.B., M.Ch., M.D. (Univ. Dub.); F. & Reg. K. & Q.C.P.L., &c.

*Consulting Obstetric Surgeon.*

7. George H. Kidd, M.D., F. Ex-President and Member of Council, R.C.S.I., &c.

*Pathologist.*

8. Joseph M. Richmond, F.R.C. & Q.C.P.I., &c.

*Consulting Physicians.*

9. John T. Banks, M.D., Physician-in-Ordinary to the Queen in Ireland, Ex-Pres. K. & Q.C.P.I., &c.  
 10. Robert D. Lyons, M.D., M.A., F.R. & Q.C.P.I., &c.  
 11. Samuel Gordon, M.D., Ex-President, K. & Q.C.P.I., &c.

*Consulting Surgeon.*

12. Samuel G. Wilnot, F. & Ex-President, R.C.S.I., &c.  
 13. Sir George H. Porter, F. & Ex-President, R.C.S.I., Surgeon-in-Ordinary to the Queen in Ireland, &c.  
 14. Richard G. H. Butcher, F. & Ex-President, R.C.S.I., &c.  
 30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
 All are under the control of the Master, who daily visits all. During his absence the control is vested in the assistants to the Master.  
 31. How are patients admitted to your Hospital?  
 Patients are admitted on application; they requiring medical aid, and vacancies being in the Hospital at the time, being the only requirements necessary to secure admission.  
 32. Do you receive accident cases?  
 No.  
 33. Do you receive cases of infectious diseases?  
 No.

Cecilia Lying-in Hospital,  
 Dublin, 7th September, 1885.

H. LAPOINTE, M.B.A., Registrar.

## HOSPITAL FOR INCURABLES, DUBLIN.

1. Name of your hospital. How and at what time founded?  
 Hospital for Incurables, Dublin. Founded in 1743. Constituted by Charter.  
 2. How is your hospital governed—whether by a Board of Directors or otherwise?  
 By a Managing Committee of forty.  
 3. If administered by a Board of Directors, describe method of appointment of members of Board.  
 Annually, by Governors.  
 4. State the number of Board meetings held every year.  
 Ordinary twelve-monthly. Also special meetings according to circumstances.  
 5. Number of Directors or Governors necessary to form a quorum.  
 Seven.  
 6. State the average number of Directors present at the regular Board meetings, as shown by the minutes of the various meetings.  
 Twenty-six.  
 7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.  
 Particulars herewith.  
 8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure?  
 Yes.  
 9. How are the expenses of the hospital supervised?  
 By a Finance Committee.  
 10. Are the hospital accounts duly audited at the end of every financial year; and if so, by whom?  
 Yes—by Auditors elected by Committee.  
 11. Does your hospital receive an annual grant from Parliament? If so, state amount.  
 £250 Government grant.

12. State the grounds upon which this grant was originally given.

A very old grant. "The Commissioners of Inquiry into the Charitable Hospitals of Dublin," appointed in the year 1823, testified to the great efficiency and economy of the management of the Hospital for Incurables, stating that its utility required no proof. They considered that the support and relief of so many miserable patients, some of whom, if suffered to wander abroad, would be expensive and shocking spectacles, afforded strong claims on public benevolence, and concluded their observations by recommending a continuance of the Parliamentary aid hitherto afforded.

13. State distinctly upon what grounds you claim a continuation of the present grant.

It is required to augment the ordinary income of the hospital, in consequence of the increasing number of patients.

14. Is your hospital utilized for purposes of medical education?

No.

15. If so, state the average number of students on the books as receiving instruction during the last three years? Not being a clinical hospital, there are not any students.

16. State the average daily number of students actually attending your hospital during the last three years. See 15.

17. Describe briefly the system of nursing adopted at your hospital. Do you employ trained nurses? and if so, mention their qualifications as such.

The nursing is under the charge of the medical department, resident medical officer, head nurse (daily trained) and nine ward nurses.

18. State total number of beds in your hospital.

150.

19. State average number of beds in daily use during the twelve months ending 31st March, 1885.

167.

20. State the proportion of day nurses to beds occupied.  
Seven day nurses.

21. State the proportion of night nurses to beds occupied.  
Two night nurses.

22. State the age of the youngest and of the eldest day or night nurse in charge of a ward or wards.  
Youngest, 27; eldest, 69.

23. What authority appoints and discharges nurses?

Appointed by the Master, with the sanction of Resident Medical Officer and Visiting Committee; discharged by Master with approval of Visiting Committee.

24. State total number of in-patients treated in your hospital during twelve months ending 31st March, 1885. State total number of patients treated as out-patients, including dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885.

216 incurable patients, who have been elected for life.

25. What is the composition of your professional staff, distinguishing between resident and visiting?  
One Surgeon, 1 Physician, visiting; 1 Resident Medical Officer.

26. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the hospital?

All.

27. How are the members of your visiting staff selected?  
Elected by Board of Governors.

28. At what time are they in the habit of visiting the hospital?  
Daily, and oftener when required.

29. Give a list of the names of the members of your professional staff, and state opposite the name of each individual the number of times he has visited the hospital during the last three years.

J. H. Wharton, Esq., M.B., A.M., F.R.C.S.L.; J. H. Chapman, Esq., F.R.C.S.L.; Mr. W. G. Terman, F.R.C.S.L. (See 28).

30. How many beds are on an average under the control of each visiting physician and surgeon daily?  
Average number of beds in daily use during the twelve months ending 31st March, 1885, 167.

31. How are patients admitted to your hospital?  
By vote of the Governors.

32. Do you receive accident cases?  
No.

33. Do you receive cases of infectious diseases?  
No.

34. If so, state the number of cases of small pox, typhus, scarletina, measles, diphtheria, &c., treated during the past three years.  
See 32 and 33.

HOSPITAL FOR INCURABLES.  
MANAGING COMMITTEE—ATTENDANCE.

Managing Committee, 1882.	Managing Committee, 1883.	Managing Committee, 1884.
Attest.	Attest.	Attest.
1. Graves Searight, . . . 13	1. David Drummond, . . . 16	1. David Drummond, . . . 17
2. David Drummond, . . . 12	2. Graves E. Searight, . . . 16	2. Edward Fottrell, . . . 17
3. John Kennedy, . . . 12	3. William Watson, . . . 16	3. John Kennedy, . . . 17
4. J. J. Lalor, . . . 12	4. John Kennedy, . . . 16	4. John J. Lalor, . . . 17
5. S. N. Elrington, . . . 11	5. Orlando Beator, . . . 14	5. William Watson, . . . 17
6. Charles Schharpe, . . . 11	6. Charles Stanford, . . . 14	6. Graves E. Searight, . . . 16
7. Orlando Beator, . . . 10	7. Charles Schharpe, . . . 14	7. C. S. Stanford, . . . 16
8. Dr. Cronny, . . . 10	8. J. J. Lalor, . . . 14	8. Major Warren, . . . 15
9. Edward Fottrell, . . . 10	9. Edward Fottrell, . . . 13	9. Orlando Beator, . . . 14
10. H. Johnston, . . . 10	10. Rev. C. Harris, . . . 13	10. Dr. Cronny, . . . 14
11. T. A. Kelly, . . . 10	11. Graves Eves, . . . 13	11. T. A. Farrell, . . . 14
12. Thomas Schharpe, . . . 10	12. S. N. Elrington, . . . 13	12. Charles Schharpe, . . . 14
13. Charles Stanford, . . . 9	13. Henry Johnston, . . . 13	13. S. N. Elrington, . . . 13
14. Rev. E. I. Stokes, . . . 9	14. A. P. Beator, . . . 12	14. E. J. Figgis, . . . 13
15. William Watson, . . . 9	15. Rev. Thomas Good, . . . 12	15. Henry Johnston, . . . 13
16. A. T. Chatterton, . . . 8	16. Jonathan Hogg, . . . 12	16. T. A. Kelly, . . . 13
17. Joseph Garratt, . . . 8	17. C. R. Toston, . . . 12	17. A. T. Chatterton, . . . 12
18. W. W. Hackett, . . . 8	18. Dr. Robert Brown, . . . 11	18. Graves E. Eves, . . . 12
19. Rev. Charles Harris, . . . 8	19. A. T. Chatterton, . . . 11	19. Joseph Garratt, . . . 12
20. J. W. Quale, . . . 8	20. W. W. Hackett, . . . 11	20. Marcus T. Moore, . . . 12
21. Major Warren, . . . 8	21. Thomas Schharpe, . . . 11	21. Rev. Marcus Nelligan, B.A., . . . 12
22. Dr. Brown, . . . 7	22. C. U. Townsend, . . . 11	22. Hugh O'Connor, . . . 12
23. J. G. Drury, . . . 7	23. Major Warren, . . . 11	23. Thomas S. Schharpe, . . . 12
24. Rev. Thomas Good, . . . 7	24. Dr. Cronny, . . . 11	24. Rev. Thomas Good, M.D., . . . 11
25. Jonathan Hogg, . . . 7	25. T. A. Kelly, . . . 10	25. C. Unisco Townsend, . . . 11
26. Anthony O'Neill, . . . 7	26. T. A. Farrell, . . . 10	26. G. P. Beator, . . . 10
27. Richard Perrin, . . . 7	27. E. J. Figgis, . . . 10	27. Jonathan Hogg, . . . 10
28. Charles Toston, . . . 7	28. Joseph Garratt, . . . 10	28. Rev. C. Harris, . . . 10
29. F. A. Farrell, . . . 6	29. J. G. Drury, . . . 9	29. C. R. Toston, . . . 10
30. E. R. Goodlatte, . . . 6	30. E. R. Goodlatte, . . . 9	30. E. R. Goodlatte, . . . 9
31. E. J. Figgis, . . . 5	31. J. R. Sykes, . . . 8	31. Richard Perrin, . . . 9
32. Thomas Fitzgerald, . . . 5	32. Thomas Fitzgerald, . . . 7	32. Dr. Robert Brown, . . . 8
33. Dr. Mapocher, . . . 5	33. B. W. Kelly, . . . 7	33. Sir George Owens, . . . 6
34. R. W. Kelly, . . . 4	34. Sir George Owens, . . . 7	34. J. G. Drury, . . . 5
35. Sir George Owens, . . . 2	35. Richard Perrin, . . . 7	35. W. W. Hackett, . . . 5
36. C. U. Townsend, . . . 2	36. Anthony O'Neill, . . . 6	36. R. W. Kelly, . . . 5
37. C. G. Burke, . . . 2	37. Dr. Mapocher, . . . 5	37. Richard Baizer, . . . 4
38. Lord Mayor, . . . 0	38. J. W. Quale, . . . 2	38. Thomas Fitzgerald, . . . 3
39. R. O. Armstrong, . . . 0	39. Rev. E. J. Stokes, . . . 0	39. J. R. Sykes, . . . 3
40. Rev. M. Nelligan, . . . 0	40. Lord Mayor, . . . 0	40. Lord Mayor, . . . 2

NATIONAL ORTHOPEDIC AND CHILDREN'S HOSPITAL.

1. Name of your Hospital. How and at what time founded?  
National Orthopaedic and Children's Hospital, founded, 1875. Now amalgamated with the Institution for the diseases of children, Pitt-street, off Grafton-street, founded 1831.
2. How is your Hospital governed—whether by a Board of Directors or otherwise?  
By a Committee of Governors elected annually.
3. If administered by a Board of Directors, describe method of appointment of members of Board.  
Appointed at the annual meeting of the Committee and Subscribers.
4. State the number of Board meetings held every year.  
Twelve.
5. Number of Directors or Governors necessary to form a quorum.  
Three.
7. Give list of the Governors or Directors, and state opposite the name of each individual the number of meetings of Board or of Managing Committee at which he has been present during the last three years.

Managing Committee.

(Meeting last Wednesday in every Month, at 12 o'clock.)

Right Hon. the Viscount Powerscourt, K.P., Chairman.  
Sir John Barrington, B.A., Kilmory.  
Sir George B. Owens, M.D., J.P., 126, Lower Bagginbat.  
Lieut-Colonel Hartley, J.P., Beech Park, Glasalla, Co. Dublin.  
Lieut-Colonel Dopping Hepenstal, B.A., Derrycasson, Glendal.  
Skeffington South Archer, esq., 22, Great Charles-street.  
George O'Neill, esq., J.P., 176, Rathgar-road.  
Alexander E. Graydon, esq., J.P., Newcastle House, Hawkchurch, Co. Dublin.

Thomas Cooke French, esq., J.P., Millmont, Naas.  
Henry L. Harty, esq., Milltown, Co. Dublin.  
Charles M. Scott, esq., M.D., 1, Glacinda Park, N. Kingstown.  
Almeron H. Cochrane, 45, Kildare-street.  
Margaretta Bookherne, esq., C.E., 8, Harcourt-terrace.  
John Richardson, esq., J.P., Q.C., 70, Lower Bagginbat.  
William M. Baiterley, esq., 6, Westmoreland-street.  
William McConna, esq., Monkstown, Co. Dublin.  
Gervus L. Taylor, esq., 21, Moleworth-street.  
Robert Gibney, esq., Millgrove, Milltown.  
George Cameron, esq., 48, Leeson Park.

N.B.—The President, Vice-Presidents, and Medical Officers are ex-officio Members of the Committee.



8. Does your Board of Directors always advertise for tenders before undertaking any large expenditure? They do not always advertise.
9. How are the expenses of the Hospital supervised? By the Committee.
10. Are the Hospital accounts duly audited at the end of every financial year; and if so, by whom? Yes. Frederick A. Whitton, esq., Accountant.
11. Does your Hospital receive an annual grant from Parliament? If so, state amount. No.
12. Is your Hospital utilised for purposes of medical education? No.
13. Describe briefly the system of nursing adopted at your Hospital. Do you employ trained nurses? and if so, mention their qualifications as such. Nursing superintended by one of the Dublin Red Cross Sisters, who is thoroughly trained in the modern system of nursing. All nurses have been properly trained, and received lectures from the Medical Officers.
14. State total number of beds in your hospital. Twenty-six.
15. State average number of beds in daily use during the twelve months ending 31st March, 1885. Nineteen.
16. State the proportion of night nurses to beds occupied. But one night nurse employed.
17. What authority appoints and discharges nurses? The Committee.
18. State total number of intern patients treated in your Hospital during twelve months ending 31st March, 1885. State total number of patients treated as extern patients, including Dispensary, accident, and midwifery cases, during the twelve months ending 31st March, 1885. Seventy-nine; 2,400 new cases, 5,696 attendances.
19. What is the composition of your professional staff, distinguishing between resident and visiting? Consulting Physicians.—William Moore, M.D., 67, Fitzwilliam-square, North, President of the King and Queen's College of Physicians. James Little, M.D., 14, St. Stephen's-green, South, Ex-Vice-President, King and Queen's College of Physicians. Consulting Surgeons.—Sir George Porter, M.D., M.C.B. (*Honoris Causa*), Univ. Dublin; F.R.C.S.I.; Surgeon-in-Chief to Her Majesty the Queen in Ireland; and Senior Surgeon to the Meath Hospital and County Dublin Infirmary, &c., 3, Merrion-square, North. Philip C. Smyly, M.D., Univ. Dublin, F.R.C.S.I.; Surgeon to the Meath Hospital and County Dublin Infirmary, &c., 4, Merrion-square, North. William Stokes, F.R.C.S.I.; Senior Surgeon to the Richmond Hospital; and Professor of Surgery, Royal College of Surgeons, 5, Merrion-square, North. Physicians.—Stewart Woodhouse, esq., M.A., M.D., Univ. Dublin; Assistant Physician, Whitworth and Hardwicke Hospitals. Surgeon.—L. Hopwood Ormsby, M.D., Univ. Dublin; F.R.C.S.I.; Surgeon to the Meath Hospital and County Dublin Infirmary, &c., 32, Merrion-square, West. Secretary.—Mr. William Appleford, 30, Raymond-terrace, South Circular-road. Lady Superintendent.—Miss Bessie Lyons. Resident Medical Officer.—Mr. J. Marshall Day. Collector.—Mr. J. C. Higginbotham. ¶ All poor persons are admitted free, as out-patients, without the necessity of procuring Governors' letters or other recommendations. The Surgeon or Physician on duty attends daily, from 10 to 11 o'clock. The Dispensary for out-patients is open from 10 to 11 o'clock, daily.
20. Do any, and if so which of the members of your professional staff receive remuneration from the funds of the Hospital? No.
21. How are the members of your visiting staff selected? By the Committee.
22. At what time are they in the habit of visiting the Hospital? Eleven o'clock.
23. How are patients admitted to your Hospital? On the recommendation of a subscriber. \* All poor persons are admitted free as out-patients, without the necessity of procuring Governors' letters or other recommendations.\*
24. Do you receive accident cases? No.
25. Do you receive cases of infectious diseases? No.

## APPENDIX B.

TABLE showing the TOTAL EXPENDITURE of all the DUBLIN  
EXPENDITURE.

	For Maintenance of Patients.	For Maintenance of Establishments.	For Management.	Other Expenditure.	Total Expenditure.	Balance in hand.	Balance forward.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
House of Industry Hospital, . . . .	2,415 18 8	2,028 15 3	1,875 11 8	185 10 1	5,779 3 4	15 15 11	472 12 10
Mason's Hospital, . . . . .	1,819 15 4	818 0 7	206 2 12	60 10 2	5,126 1 12	—	1,660 1 11
Dr. Stearns' Hospital, . . . . .	2,002 18 8	2,567 4 4	1,875 12 8	59 8 8	7,772 12 5	—	1,856 8 2
Jurist-street Hospital, . . . . .	626 1 2	809 27 1	295 4 0	4,228 10 0	8,356 8 0	18 6 10	—
North Hospital and Co. Dublin Railway, . . . . .	1,080 14 10	5,129 0 1	810 14 1	—	5,410 12 0	—	118 11 12
City of Dublin Hospital, . . . . .	1,060 0 0	1,080 1 6	601 0 4	—	4,960 0 0	4 14 2	110 1 2
Water Despatch Hospital, . . . . .	2,560 16 4	1,353 17 8	265 0 8	3,361 16 8	7,911 0 5	156 10 0	—
Sir P. Denis Hospital, . . . . .	1,842 12 2	2,617 7 6	104 8 8	82 8 8	8,665 39 5	—	175 14 2
St. Vincent's Hospital, . . . . .	2,406 2 12	3,700 8 2	204 17 8	808 8 0	4,796 6 12	—	516 10 8
The Adelaide Hospital, . . . . .	1,867 7 8	2,681 4 0	438 0 0	1,600 0 10	5,412 1 6	—	9 12 0
Dr. Webb's Ophthalmic Hospital, . . . . .	405 8 8	512 7 2	260 7 8	—	1,774 10 0	10 0 0	140 0 1
Clark-street Fever Hospital, . . . . .	1,264 15 8	1,717 8 2	216 10 8	90 0 8	5,660 16 2	12 0 12	—
Coombe Lying-In Hospital, . . . . .	687 8 2	1,076 10 0	400 10 2	78 8 4	3,346 5 8	11 7 0	1,329 1 7
Rotunda Lying-In Hospital, . . . . .	564 14 12	1,682 4 2	265 6 1	1,216 0 0	6,320 2 12	—	29 0 8
National Eye and Ear Hospital, . . . . .	428 27 0	354 2 10	50 4 8	—	608 0 10	140 10 7	—
Hospital for Skin Diseases, . . . . .	2,515 9 6	1,484 5 7	605 2 12	3,380 18 8	6,945 15 0	175 16 8	—
Westmead Lark Government Hospital, . . . . .	610 12 4	455 9 2	836 7 10	2 18 11	2,739 14 2	50 0 8	120 4 4
Nelson's Orthopaedic and Children's Hospital, . . . . .	305 10 1	211 7 8	82 0 8	145 17 1	148 1 5	265 4 2	—
Dublin Orthopaedic Hospital, . . . . .	614 12 1	872 6 7	140 18 4	—	1,607 0 0	978 8 4	—
St. Joseph's Hospital for Children, . . . . .	219 2 12	555 16 3	75 2 4	1,800 0 0	1,607 1 12	—	46 0 8
TOTAL, . . . . .	21,667 18 10	50,870 17 0	8,303 14 12	13,622 30 8	93,210 10 40	1,587 8 1	2,581 5 1

\* Maintenance of Patients includes Provision, Groceries, Bedwards.  
 † Maintenance of Establishments includes Wages, Clothing, Food, and Drink of Servants and Nurses, Fire, Soap, Gas, &c.  
 ‡ Management includes Salaries of Officers.

HOSPITALS and the number of STUDENTS attending each.

## EXPENDITURE.

Average Daily Number of Beds occupied throughout the year.	Average Annual Cost per Bed for Maintenance of Patients.	Average Annual Cost per Bed for Maintenance of Establishment.	Average Annual Cost per Bed for Management.	Gross Average Annual Cost per Bed.	MEDICAL EDUCATION.		
					Average Annual Number of Students on Books for last three years.	Average Number of Students actually attending daily.	
1008	£ s. d. 10 4 7	£ s. d. 25 4 1	£ s. d. 8 10 00	£ s. d. 41 14 11	10	69	Hosp of Industry Hospitals.
45	57 2 0	10 15 4	4 22 02	81 0 4	180	63	Murcor's Hospital.
94	95 2 1	27 0 4½	11 0 8	87 2 5½	8	4	Dr. Sturges' Hospital
25	20 10 0	32 4 0	15 16 0½	59 13 8	25	50	Jervis-street Hospital.
63	55 3 0½	25 10 0½	6 4 21	50 8 7½	187	64	North Hospital and Co. Dublin Infirmary.
73	56 5 0	22 12 8	0 0 0	68 11 8	130	70	City of Dublin Hospital.
109	10 2 7	0 15 11½	1 10 10	81 2 5	59	60	Meer Marianne's Hospital.
89	26 2 1	32 0 8	0 11 2	22 13 6	04	29	Dr. T. Don's Hospital.
					Revised form not include Students of Trinity Coll.		
110	17 13 10	12 6 8½	0 20 0½	25 6 7	80	73	St. Vincent's Hospital.
57	20 5 4	22 12 8	0 15 2	22 38 2	70	24	The Adelaide Hospital.
34	12 0 0½	18 10 0½	0 10 0½	45 3 7½	74	104	St. Mark's Ophthalmic Hospital
90	22 21 7	50 0 0	13 0 7½	65 13 11	70	No Record	Quarantine Fever Hospital.
394	25 13 5	47 17 2	10 2 7	84 2 11	110	50	Coombe Lying-In Hospital.
61	35 14 4	50 13 8	0 4 4	64 30 5	119	85	St. George's Lying-In Hospital.
1084	15 10 7½	15 10 7	6 0 5	26 10 5	75	25	General Eye and Ear Hospital.
187	10 0 0½	0 11 10½	1 10 0½	29 12 12	NTL	NTL	Hospital for Insane.
20	25 0 0½	25 0 0	13 4 8	25 13 12	NTL	NTL	Westminster Lock Government Hospital
19	35 2 0	50 7 2	4 27 9	64 12 8	NTL	NTL	National Orthopaedic and Children's Hospital.
91	17 17 5	50 18	7 12 15	65 9 8	NTL	NTL	Dublin Orthopaedic Hospital.
96	5 12 0½	10 0 2½	0 11 0½	25 4 0½	NTL	NTL	St. Joseph's Hospital for Children.
1008	17 14 0	22 7 0½	7 20 11	66 12 8	1007	812 5	TOTALS.

Drugs and Supplies, Surgical Instruments and Appliances, Clothing, &c.  
 Laundry expenses, Rent, Taxes and Insurance, Repairs, Fuel, &c., Bedding and Utensils, Dishes, Coffee, and Provisions.  
 Printing, Stationery, Advertising, &c.

TABLE showing the TOTAL INCOMES and sources

## INCOME.

NAME OF HOSPITAL.		To Balance in favor (if any) at commencement of Financial Year.	Government Grants.	County Infirmary Grants.	Assessments on County of Dublin.	Assessments on the County of the City of Dublin.	Telerei, Dividends, &c.	Rents of Houses and Lands.	Arrentals.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
General Medical-Chirurgical Hospitals giving Clinical Instruction.									
A. Receiving Annual Grants from Parliament.									
Home of Industry Hospital.		82 12 12	7,475 12 6	—	—	—	22 0 2	—	—
Mason's Hospital.		—	42 12 8	—	—	421 0 0	412 8 2	228 0 1	—
Dr. Stevens' Hospital.		—	1,900 0 0	—	—	180 0 0	264 0 2	5,630 0 1	—
Scotch-church Hospital.		426 1 8	42 12 8	—	—	280 0 0	447 1 8	41 2 0	180 0 0
Mouth Hospital.		—	488 0 0	46 17 8	408 0 0	440 0 0	421 11 2	180 16 7	26 2 7
B. Not receiving Annual Grants from Parliament.									
City of Dublin Hospital.		2 0 2	—	—	—	500 0 0	165 2 2	38 4 12	—
Major Minto's Hospital.		—	—	—	—	408 0 0	1,700 12 8	321 16 8	—
St. Peter's Hospital.		—	—	—	—	300 0 0	70 2 8	5,070 0 0	212 12 0
St. Vincent's Hospital.		—	—	—	—	600 0 0	1,321 1 4	404 1 0	—
The Adelaide Hospital.		—	—	—	—	—	272 0 21	14 24 0	—
Hospitals for the Treatment of Special Diseases giving Clinical Instruction.									
C. Receiving Annual Grants from Parliament.									
St. Mark's Ophthalmic Hospital.		10 0 0	180 0 0	—	—	128 0 0	42 0 2	—	—
Cock-street Fever Hospital.		—	2,480 0 0	—	—	280 0 0	440 0 0	218 17 2	41 14 0
Convent Lying-In Hospital.		12 2 4	308 0 0	—	—	428 0 0	84 12 18	—	—
Belvedere Lying-In Hospital.		212 10 2	308 0 0	—	—	408 0 0	428 4 12	182 20 8	268 4 12
D. Not receiving Annual Grants from Parliament.									
National Eye and Ear Hospital.		51 2 12	—	—	—	408 0 0	2 10 0	—	—
Hospitals not giving Clinical Instruction.									
E. Receiving Annual Grants from Parliament.									
Hospital for Insane.		1,000 0 0	280 0 0	41 8 8	—	380 0 0	2,345 2 2	—	—
Westmeath Asylum.		16 0 0	2,400 0 0	—	—	—	—	—	—
F. Not receiving Grants from Parliament.									
National Orthopedic and Children's Hospital.		247 2 0	—	—	—	100 0 0	—	—	—
Dublin Orthopedic Hospital.		212 10 2	—	—	—	208 0 0	2 11 8	—	—
St. Joseph's Hospital for Children.		—	—	—	—	278 0 0	—	—	—
		2,271 7 8	11,110 0 7	120 0 1	408 0 0	4,210 0 0	10,000 0 0	5,045 10 9	645 10 0

thereof of all the DUBLIN HOSPITALS.

## INCOME.

Subscriptions and Donations.	Hospitals.	Charity Societies.	Hospital Boards Fund.	Endowments and Reserve.	No. Fees from Fugils.	For Patients.	Other Receipts.	Total Income.	NAME OF HOSPITAL.
s. d. d.	s. d. d.	s. d. d.	s. d. d.	s. d. d.	s. d. d.	s. d. d.	s. d. d.	s. d. d.	
0 0 0	—	—	—	—	—	£15 1 0	50 1 0	£65 2 0	Hosp. of Industry Hos- pitals.
672 7 7	—	—	102 3 7	25 20 0	—	125 7 5	22 3 4	£827 3 2	Mason's Hospital.
280 6 9	—	—	185 4 2	—	—	1,125 10 0	61 3 10	£1,286 3 2	Dr. Steevens' Hospital.
1,221 15 6	1,201 9 8	—	—	—	—	—	2,864 8 8	£4,022 7 2	Service-street Hospital.
2,212 6 1	120 0 0	—	678 9 20	65 2 4	—	—	35 3 10	£2,885 17 10	Smith Hospital.
2,209 5 2	1,161 12 11	—	848 17 2	—	—	46 11 2	6 5 11	£3,415 15 2	City of Dublin Hospital.
1,720 5 6	2,861 8 0	—	—	38 17 10	—	459 2 0	160 2 8	£4,200 2 8	Water Musician's Hos- pital.
438 12 1	—	—	212 2 6	—	204 10 1	219 5 0	424 3 10	£4,389 15 0	St. P. Denis Hospital.
110 6 8	1,614 12 11	75 0 9	—	122 8 6	—	—	287 16 11	£4,699 15 10	St. Vincent's Hospital.
1,112 1 9	2,812 7 7	—	338 1 2	187 18 4	—	686 2 0	602 10 1	£6,321 8 2	The Addicks Hospital.
477 7 4	—	—	206 12 1	—	—	468 1 2	21 4 2	£1,114 12 1	St. Mark's Ophthalmic Hospital.
434 18 8	26 0 0	—	117 2 11	—	—	678 17 8	51 15 0	£2,114 18 0	Carbontest Street Hos- pital.
610 12 4	248 5 0	—	85 4 1	—	10 20 0	25 10 8	—	£1,081 12 1	Concho Lying-In Hos- pital.
414 12 10	—	—	127 11 18	—	293 0 0	281 12 6	1,620 9 2	£2,294 3 2	Rotunda Lying-In Hos- pital.
699 11 5	—	—	126 1 0	8 4 0	—	372 14 4	1 12 0	£1,094 3 4	Wexford Eye and Ear Hospital.
615 6 6	1,270 2 2	—	—	—	—	—	607 10 2	£4,418 1 4	Hospital for Incurables.
—	—	—	—	—	—	—	214 12 7	£2,554 10 2	Wormwoodhead Lying- Government Hospital.
212 12 0	—	—	146 7 8	281 17 8	—	—	—	£3,854 5 6	National Orthopaedic and Children's Hospital.
274 8 4	—	—	185 3 9	421 1 11	—	—	—	£1,041 15 11	Dublin Orthopaedic Hos- pital.
478 14 11	1,203 5 7	—	—	188 0 0	—	4 11 0	160 10 11	£2,197 11 11	St. Joseph's Hospital for Children.
10,998 12 7	11,208 12 2	75 0 0	2,472 10 1	1,712 3 8	670 12 4	2,112 2 11	4,491 9 11	£5,854 18 2	

## APPENDIX C.

## DUBLIN HOSPITALS COMMISSION, 1885.

## THE HOUSE OF INDUSTRY GOVERNMENT HOSPITALS.

A Return Showing the Total Number of UNION PATIENTS from all parts of Ireland, treated during the last Financial Year (1st April, 1884 to 31st March, 1885), and the Total Amounts paid by the Unions for their Treatment and Maintenance in the HOUSE OF INDUSTRY HOSPITALS during the same period.

Name of Union.	Period Year. 1884-85.	Number of Patients from the Union Who have been treated in the			Amount Paid by Unions.	Remarks.
		Hardwicke Fever Hospital.	Whitworth Medical Hospital.	Richmond Surgical Hospital.		
North Dublin Union.	1st April '84 to 31st Sept. '84.	15	—	—	£ 0 0	Included in account £479 10 paid 20th March, 1885, by North Dublin Union, for this account and amount debited in Hospital account for year 1884-85.
SWHO.	—	—	—	3	—	—
SWHO.	10th Sept. '84 to 31st March, '85.	41	—	—	58 15 1	Paid 6th April, 1885, debited in hospital account for year 1884-85.
SWHO.	30th March '84 to 31st March, '85.	1	—	—	—	Included in account furnished to Union not yet paid.
South Dublin Union.	—	2	—	—	—	Amount furnished to Union not yet paid.
Wexford Union.	—	—	—	2	—	Amount furnished to Union not yet paid.
Carlingford Union.	—	—	—	0	—	Amount furnished to Union not yet paid.
Trillick Union.	—	—	—	1	—	Amount furnished to Union not yet paid.
Total.	—	61	—	3	146 15 1	

Notes.—The total amount received under head of "Pay Patients" during the year 1884-85 was £118 10s, viz: North Dublin Union account for first half of year 1884-85, and amount £479 10s, Richmond District Lunatic Asylum £37.

The number of patients admitted from the City and Rural Dispensaries of the North Dublin Union into the Hardwicke Fever Hospital during the year was very considerable. They were medically treated and nursed, free of charge to the Union, because the limited number of beds supported out of the Hospital Government Grant was not exceeded during the period.

Certified, J. W. HUGHES, Secretary, H.I.H.

27/3/85.

TABLE.—Showing the Number of IN-PATIENTS admitted into each of the Hospitals of the House of Industry; the average daily Number of Beds Occupied therein throughout each year; the Number of OUT-PATIENTS treated at the Medical, Surgical, and Ophthalmic Dispensaries attached to the Hospitals; the number of THURERS supplied free of charge to the ruptured poor; the Total Number of the Sick-Poor relieved at the Sick-Poor Hospital; together with a Statement of the Amount of the Annual Income and EXPENDITURE of the entire Establishment for the last Twenty-eight years (1st April, 1857, to 31st March, 1885), namely, for the whole period of management under the Board of Governors appointed by His Excellency the Lord Lieutenant, in conformity with The Dublin Hospital Regulation Act, 19 and 20 Vict., Chap. 110.

Civil Year ending 31st March	IN-PATIENTS				OUT-PATIENTS				Total Annual Receipts.	Total Annual Expenditure.	Observations
	Number Admitted into the			Total In-patients Admitted.	Daily Average Number of Beds occupied throughout the Year.	Number of Surgical Cases treated at the Dispensary.	Number of Injured and Suffering Cases admitted at the Dispensary.	Total Number of In-patients admitted and suffering with Thrush.			
	English Hospital, Finsbury, A.D. 1855.	Welsh Hospital, Finsbury, A.D. 1857.	Admitted into the English Hospital, Finsbury, A.D. 1855.								
1855-56	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796	a Credit Balance from "House of Industry" Account on 1st April, 1856.	
1856-57	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1857-58	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1858-59	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1859-60	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1860-61	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1861-62	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1862-63	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1863-64	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1864-65	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1865-66	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1866-67	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1867-68	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1868-69	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1869-70	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1870-71	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1871-72	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1872-73	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1873-74	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1874-75	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1875-76	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1876-77	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1877-78	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1878-79	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1879-80	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1880-81	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1881-82	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1882-83	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1883-84	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1884-85	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1885-86	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1886-87	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1887-88	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1888-89	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1889-90	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1890-91	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1891-92	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1892-93	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1893-94	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1894-95	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1895-96	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1896-97	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1897-98	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1898-99	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1899-00	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1900-01	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1901-02	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1902-03	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1903-04	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1904-05	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1905-06	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1906-07	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1907-08	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1908-09	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1909-10	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1910-11	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1911-12	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1912-13	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1913-14	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1914-15	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1915-16	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1916-17	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1917-18	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1918-19	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1919-20	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1920-21	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1921-22	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1922-23	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1923-24	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1924-25	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1925-26	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1926-27	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1927-28	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1928-29	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1929-30	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1930-31	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1931-32	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1932-33	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1933-34	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1934-35	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1935-36	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1936-37	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1937-38	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1938-39	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1939-40	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1940-41	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1941-42	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1942-43	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1943-44	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1944-45	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1945-46	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1946-47	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1947-48	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1948-49	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1949-50	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1950-51	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1951-52	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1952-53	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1953-54	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1954-55	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1955-56	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1956-57	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1957-58	1,250	1,251	2,501	800-56	18,000	18,000	18,000	13,472	7,796		
1958-59	1,250	1,251	2,501	800-56	18,000						

JAMES WILSON HUGHES,  
Secretary and Accountant, R.H.H.

Certified,

ROBERT HUGHES, Esq.,  
Durant, October 24th, 1885.

## APPENDIX D.

DIETARY allowed Servants House of Industry Government Hospitals.

Male Servants.	Weekly.	Female Servants.	Weekly.
Bread, . . . . .	14 lbs.	Bread, . . . . .	12 lbs.
Meat, . . . . .	7 plates.	Meat, . . . . .	7 plates.
Butt, . . . . .	2 lbs.	Butt, . . . . .	12 lbs.
Milk, . . . . .	3 "	Milk, . . . . .	—
Tea, . . . . .	1 "	Tea, . . . . .	12 lbs.
Sugar, . . . . .	1 "	Sugar, . . . . .	5 "
Fruit, . . . . .	12 plates.	Fruit, . . . . .	64 pints.

H. L. H.—23:12:86.

BENJAMIN MULLEN,  
Resident Superintendent and Paymaster.

## APPENDIX E.

TABLE showing the RELIGIOUS PROFESSIONS of the inmates of the undermentioned Dublin Hospitals according to the Census of 1881. Handed in by the Registrar-General, Dr. T. W. GIBBSMAN.

NAME OF HOSPITAL.	LOCALITY.	Religious Professions.						Total.
		Roman Catholics.	Protestant Dissenters.	Presbyterians.	Methodists.	All other Denominations.	Information refused.	
St. James' Hospital, . . . . .	St. James' Road, . . . . .	185	23	6	1	1	—	216
Charitable Infirmary, . . . . .	Terenure, . . . . .	29	1	1	—	1	—	32
Mease's Hospital, . . . . .	Johnson's place, . . . . .	45	1	—	—	—	—	46
North Hospital and Co. Dublin Infirmary, . . . . .	Long Lane, . . . . .	78	18	—	—	—	—	96
Dublin Lying-in Hospital, . . . . .	Great Princes street, . . . . .	66	4	7	—	—	—	77
Westminster Lock Hospital, . . . . .	Foranahill street, . . . . .	40	17	—	—	—	—	57
Fever Hospital & House of Recovery, . . . . .	Corke street, . . . . .	28	2	—	—	—	—	30
Hardwicke Fever Hospital, . . . . .	North Brunswick street, . . . . .	43	5	—	—	—	—	48
St. Patrick Don's Hospital, . . . . .	Grand Canal street, . . . . .	25	18	1	—	—	—	44
Robinson Surgical Hospital, . . . . .	North Brunswick street, . . . . .	35	11	1	—	—	—	47
Eye and Ear Infirmary, . . . . .	St. James' place, South, . . . . .	4	3	—	—	—	—	7
Whitehead Medical Hospital, . . . . .	North Brunswick street, . . . . .	10	8	2	—	—	—	20
Coombe Lying-in Hospital, . . . . .	Lower Combe, . . . . .	24	4	—	—	—	—	28
City of Dublin Hospital, . . . . .	Upper Baginbun, . . . . .	20	15	1	—	1	—	37
St. Vincent's Hospital, . . . . .	Stephen's green, East, . . . . .	100	1	1	1	—	—	103
St. Mark's Ophthalmic Hospital, . . . . .	Leeson place, . . . . .	24	2	—	—	—	—	26
The Adelaide Hospital, . . . . .	Four street, . . . . .	—	40	12	3	1	—	56
The Mater Misericordiarum Hospital, . . . . .	Doyle street, . . . . .	123	4	—	3	—	—	130
Children's Hospital, . . . . .	Upper Temple street, . . . . .	23	—	—	—	—	—	23
National Ophthalmic Hospital, . . . . .	Adelaide road, . . . . .	10	4	—	—	—	—	14
Dublin Ophthalmic Hospital, . . . . .	Ulster's Island, . . . . .	10	2	—	1	—	—	13
Throat and Ear Hospital, . . . . .	Yates street, . . . . .	1	1	—	—	—	—	2
Hospital for Consumption, . . . . .	Dansybrook, West, . . . . .	192	30	3	1	13	—	239
Total, . . . . .		1,397	210	30	5	17	—	1,659



## APPENDIX F.

RETURN made (as requested) to Dublin Hospitals Commission (1885), exhibiting number of Patients admitted into Rotunda Hospitals, Dublin, during two several Years ended 31st March, 1885, distinguishing actual and ratio per cent. numbers from Urban and Extra Urban Residences.

Year ended 31st March.	Class.	Admitted.				
		Total.	Urban.	Ratio Urban.	Ratio per cent.	
					Urban.	Ratio Urban.
1884.	Labor, . . .	1,212	1,212	85	85.93	8.58
	Chronic, . . .	203	167	709	49.23	24.74
	Total, . . .	1,415	1,379	297	85.56	1.88
1885.	Labor, . . .	1,309	1,309	77	64.23	8.37
	Chronic, . . .	218	185	154	68.12	22.73
	Total, . . .	1,527	1,494	231	66.65	1.53
Totals for two Years.	Labor, . . .	2,521	2,521	163	76.08	8.77
	Chronic, . . .	421	352	208	48.68	24.92
	Grand Total, . . .	2,942	2,873	371	80.87	1.31

JOSEPH MULLEN, Secretary.

## APPENDIX G.

The City of Dublin Hospital, Upper Beggar-street,  
Dublin, 1st January, 1887.

DEAR SIR—In reply to your letter of 31st December, 1886.

Per return, 1884, . . . . . £ 46 0 0  
Do., 1885, . . . . . 67 0 0

Yours faithfully,

Wm. C. HASTINGS.

T. Myles, Esq., M.D.

## APPENDIX H.

75, Northumberland-road, Dublin,  
5th March, 1886.

SIR,—In accordance with the desire of the Dublin Hospitals Commissioners, I have ascertained the amount of cubic space available for each sick person in the hospitals of the North Dublin Workhouse at the present time, and I beg to annex for the Commissioners' information the following particulars:—

Average Amount of Cubic Feet per Head.

MALE HOSPITAL.		FEMALE HOSPITAL.	
Catholic Wards.	Protestant Wards.	Catholic Wards.	Protestant Wards.
412	518	440	470

Any further information that the Commissioners may require on this subject I shall be happy to furnish.

I am, sir, your obedient servant,

H. A. ROBINSON,

Local Government Inspector.

T. Myles, Esq., M.D., The Castle.

## APPENDIX I.

Senior Lecturer's Office,  
Trinity College, Dublin,  
5th March, 1886.

DEAR SIR,—Having examined the Hospital Returns in my office for the last five years, I find the following distribution of medical students of T.C.D. among the ten recognized clinical hospitals. These numbers, of course, do not represent the relative merits of the ten hospitals, but their attentiveness to the students of Trinity College.

Yours respectfully,

SAM'L HADGISTON, CLK., M.A.

Sir R. Blennerhassett, Bart.

TABLE showing the number of students of Trinity College attending each of the recognized clinical hospitals—

Hospital.	Number.	Percentage.
St. Peter's, . . . . .	141	44.5
Ascham, . . . . .	84	26.4
City of Dublin, . . . . .	50	16.1
House of Industry, . . . . .	31	9.7
Mercy, . . . . .	27	8.5
Water Hospital, . . . . .	25	7.8
St. Vincent's, . . . . .	7	2.2
Mercy's, . . . . .	4	1.2
St. George's, . . . . .	2	.6
Service-street, . . . . .	—	—
Total, . . . . .	311	—

TABLE showing the Number of Patients admitted to the Wards and of those treated at the Dispensary of St. Mark's Ophthalmic Hospital, during the year ending 31st March, 1885, to the present time.

Pills Dose Age Admission Remarks	YEAR			15-PATIENTS.				20-PATIENTS.				REMARKS		
	Quarterly	End-of- Year	Total	Annual return Year.			Total number of Patients in the Hospital during the year.	20-Patients return Year.			Total number of Patients in the Hospital during the year.			
				Admitted.	Discharged.	Deaths.		Admitted.	Discharged.	Deaths.				
1844-1845-5	21 Feb., 1844	20 Feb., 1845	1845	23	29	18	57	57	57	—	27	27	135	Transferred to Mark street Dublin, A.D. 1844
1845-1846-6	21 March, 1845	20 Feb., 1846	1846	32	44	48	124	116	116	—	113	113	317	Transferred to Mark street Dublin, A.D. 1845
1846-1847-7	21 March, 1846	20 Feb., 1847	1847	34	46	54	134	122	122	—	118	118	351	Transferred to Mark street Dublin, A.D. 1846
1847-1848-8	21 March, 1847	20 Feb., 1848	1848	34	46	54	134	122	122	—	118	118	385	Transferred to Mark street Dublin, A.D. 1847
1848-1849-9	21 March, 1848	20 Feb., 1849	1849	34	46	54	134	122	122	—	118	118	419	Transferred to Mark street Dublin, A.D. 1848
1849-1850-10	21 March, 1849	20 Feb., 1850	1850	34	46	54	134	122	122	—	118	118	453	Transferred to Mark street Dublin, A.D. 1849
1850-1851-11	21 March, 1850	20 Feb., 1851	1851	34	46	54	134	122	122	—	118	118	487	Transferred to Mark street Dublin, A.D. 1850
1851-1852-12	21 March, 1851	20 Feb., 1852	1852	34	46	54	134	122	122	—	118	118	521	Transferred to Mark street Dublin, A.D. 1851
1852-1853-13	21 March, 1852	20 Feb., 1853	1853	34	46	54	134	122	122	—	118	118	555	Transferred to Mark street Dublin, A.D. 1852
1853-1854-14	21 March, 1853	20 Feb., 1854	1854	34	46	54	134	122	122	—	118	118	589	Transferred to Mark street Dublin, A.D. 1853
1854-1855-15	21 March, 1854	20 Feb., 1855	1855	34	46	54	134	122	122	—	118	118	623	Transferred to Mark street Dublin, A.D. 1854
1855-1856-16	21 March, 1855	20 Feb., 1856	1856	34	46	54	134	122	122	—	118	118	657	Transferred to Mark street Dublin, A.D. 1855
1856-1857-17	21 March, 1856	20 Feb., 1857	1857	34	46	54	134	122	122	—	118	118	691	Transferred to Mark street Dublin, A.D. 1856
1857-1858-18	21 March, 1857	20 Feb., 1858	1858	34	46	54	134	122	122	—	118	118	725	Transferred to Mark street Dublin, A.D. 1857
1858-1859-19	21 March, 1858	20 Feb., 1859	1859	34	46	54	134	122	122	—	118	118	759	Transferred to Mark street Dublin, A.D. 1858
1859-1860-20	21 March, 1859	20 Feb., 1860	1860	34	46	54	134	122	122	—	118	118	793	Transferred to Mark street Dublin, A.D. 1859
1860-1861-21	21 March, 1860	20 Feb., 1861	1861	34	46	54	134	122	122	—	118	118	827	Transferred to Mark street Dublin, A.D. 1860
1861-1862-22	21 March, 1861	20 Feb., 1862	1862	34	46	54	134	122	122	—	118	118	861	Transferred to Mark street Dublin, A.D. 1861
1862-1863-23	21 March, 1862	20 Feb., 1863	1863	34	46	54	134	122	122	—	118	118	895	Transferred to Mark street Dublin, A.D. 1862
1863-1864-24	21 March, 1863	20 Feb., 1864	1864	34	46	54	134	122	122	—	118	118	929	Transferred to Mark street Dublin, A.D. 1863
1864-1865-25	21 March, 1864	20 Feb., 1865	1865	34	46	54	134	122	122	—	118	118	963	Transferred to Mark street Dublin, A.D. 1864
1865-1866-26	21 March, 1865	20 Feb., 1866	1866	34	46	54	134	122	122	—	118	118	997	Transferred to Mark street Dublin, A.D. 1865
1866-1867-27	21 March, 1866	20 Feb., 1867	1867	34	46	54	134	122	122	—	118	118	1031	Transferred to Mark street Dublin, A.D. 1866
1867-1868-28	21 March, 1867	20 Feb., 1868	1868	34	46	54	134	122	122	—	118	118	1065	Transferred to Mark street Dublin, A.D. 1867
1868-1869-29	21 March, 1868	20 Feb., 1869	1869	34	46	54	134	122	122	—	118	118	1099	Transferred to Mark street Dublin, A.D. 1868
1869-1870-30	21 March, 1869	20 Feb., 1870	1870	34	46	54	134	122	122	—	118	118	1133	Transferred to Mark street Dublin, A.D. 1869
1870-1871-31	21 March, 1870	20 Feb., 1871	1871	34	46	54	134	122	122	—	118	118	1167	Transferred to Mark street Dublin, A.D. 1870
1871-1872-32	21 March, 1871	20 Feb., 1872	1872	34	46	54	134	122	122	—	118	118	1201	Transferred to Mark street Dublin, A.D. 1871
1872-1873-33	21 March, 1872	20 Feb., 1873	1873	34	46	54	134	122	122	—	118	118	1235	Transferred to Mark street Dublin, A.D. 1872
1873-1874-34	21 March, 1873	20 Feb., 1874	1874	34	46	54	134	122	122	—	118	118	1269	Transferred to Mark street Dublin, A.D. 1873
1874-1875-35	21 March, 1874	20 Feb., 1875	1875	34	46	54	134	122	122	—	118	118	1303	Transferred to Mark street Dublin, A.D. 1874
1875-1876-36	21 March, 1875	20 Feb., 1876	1876	34	46	54	134	122	122	—	118	118	1337	Transferred to Mark street Dublin, A.D. 1875
1876-1877-37	21 March, 1876	20 Feb., 1877	1877	34	46	54	134	122	122	—	118	118	1371	Transferred to Mark street Dublin, A.D. 1876
1877-1878-38	21 March, 1877	20 Feb., 1878	1878	34	46	54	134	122	122	—	118	118	1405	Transferred to Mark street Dublin, A.D. 1877
1878-1879-39	21 March, 1878	20 Feb., 1879	1879	34	46	54	134	122	122	—	118	118	1439	Transferred to Mark street Dublin, A.D. 1878
1879-1880-40	21 March, 1879	20 Feb., 1880	1880	34	46	54	134	122	122	—	118	118	1473	Transferred to Mark street Dublin, A.D. 1879
1880-1881-41	21 March, 1880	20 Feb., 1881	1881	34	46	54	134	122	122	—	118	118	1507	Transferred to Mark street Dublin, A.D. 1880
1881-1882-42	21 March, 1881	20 Feb., 1882	1882	34	46	54	134	122	122	—	118	118	1541	Transferred to Mark street Dublin, A.D. 1881
1882-1883-43	21 March, 1882	20 Feb., 1883	1883	34	46	54	134	122	122	—	118	118	1575	Transferred to Mark street Dublin, A.D. 1882
1883-1884-44	21 March, 1883	20 Feb., 1884	1884	34	46	54	134	122	122	—	118	118	1609	Transferred to Mark street Dublin, A.D. 1883
1884-1885-45	21 March, 1884	20 Feb., 1885	1885	34	46	54	134	122	122	—	118	118	1643	Transferred to Mark street Dublin, A.D. 1884
1885-1886-46	21 March, 1885	20 Feb., 1886	1886	34	46	54	134	122	122	—	118	118	1677	Transferred to Mark street Dublin, A.D. 1885
1886-1887-47	21 March, 1886	20 Feb., 1887	1887	34	46	54	134	122	122	—	118	118	1711	Transferred to Mark street Dublin, A.D. 1886
1887-1888-48	21 March, 1887	20 Feb., 1888	1888	34	46	54	134	122	122	—	118	118	1745	Transferred to Mark street Dublin, A.D. 1887
1888-1889-49	21 March, 1888	20 Feb., 1889	1889	34	46	54	134	122	122	—	118	118	1779	Transferred to Mark street Dublin, A.D. 1888
1889-1890-50	21 March, 1889	20 Feb., 1890	1890	34	46	54	134	122	122	—	118	118	1813	Transferred to Mark street Dublin, A.D. 1889
1890-1891-51	21 March, 1890	20 Feb., 1891	1891	34	46	54	134	122	122	—	118	118	1847	Transferred to Mark street Dublin, A.D. 1890
1891-1892-52	21 March, 1891	20 Feb., 1892	1892	34	46	54	134	122	122	—	118	118	1881	Transferred to Mark street Dublin, A.D. 1891
1892-1893-53	21 March, 1892	20 Feb., 1893	1893	34	46	54	134	122	122	—	118	118	1915	Transferred to Mark street Dublin, A.D. 1892
1893-1894-54	21 March, 1893	20 Feb., 1894	1894	34	46	54	134	122	122	—	118	118	1949	Transferred to Mark street Dublin, A.D. 1893
1894-1895-55	21 March, 1894	20 Feb., 1895	1895	34	46	54	134	122	122	—	118	118	1983	Transferred to Mark street Dublin, A.D. 1894
1895-1896-56	21 March, 1895	20 Feb., 1896	1896	34	46	54	134	122	122	—	118	118	2017	Transferred to Mark street Dublin, A.D. 1895
1896-1897-57	21 March, 1896	20 Feb., 1897	1897	34	46	54	134	122	122	—	118	118	2051	Transferred to Mark street Dublin, A.D. 1896
1897-1898-58	21 March, 1897	20 Feb., 1898	1898	34	46	54	134	122	122	—	118	118	2085	Transferred to Mark street Dublin, A.D. 1897
1898-1899-59	21 March, 1898	20 Feb., 1899	1899	34	46	54	134	122	122	—	118	118	2119	Transferred to Mark street Dublin, A.D. 1898
1899-1900-60	21 March, 1899	20 Feb., 1900	1900	34	46	54	134	122	122	—	118	118	2153	Transferred to Mark street Dublin, A.D. 1899
1900-1901-61	21 March, 1900	20 Feb., 1901	1901	34	46	54	134	122	122	—	118	118	2187	Transferred to Mark street Dublin, A.D. 1900
1901-1902-62	21 March, 1901	20 Feb., 1902	1902	34	46	54	134	122	122	—	118	118	2221	Transferred to Mark street Dublin, A.D. 1901
1902-1903-63	21 March, 1902	20 Feb., 1903	1903	34	46	54	134	122	122	—	118	118	2255	Transferred to Mark street Dublin, A.D. 1902
1903-1904-64	21 March, 1903	20 Feb., 1904	1904	34	46	54	134	122	122	—	118	118	2289	Transferred to Mark street Dublin, A.D. 1903
1904-1905-65	21 March, 1904	20 Feb., 1905	1905	34	46	54	134	122	122	—	118	118	2323	Transferred to Mark street Dublin, A.D. 1904
1905-1906-66	21 March, 1905	20 Feb., 1906	1906	34	46	54	134	122	122	—	118	118	2357	Transferred to Mark street Dublin, A.D. 1905
1906-1907-67	21 March, 1906	20 Feb., 1907	1907	34	46	54	134	122	122	—	118	118	2391	Transferred to Mark street Dublin, A.D. 1906
1907-1908-68	21 March, 1907	20 Feb., 1908	1908	34	46	54	134	122	122	—	118	118	2425	Transferred to Mark street Dublin, A.D. 1907
1908-1909-69	21 March, 1908	20 Feb., 1909	1909	34	46	54	134	122	122	—	118	118	2459	Transferred to Mark street Dublin, A.D. 1908
1909-1910-70	21 March, 1909	20 Feb., 1910	1910	34	46	54	134	122	122	—	118	118	2493	Transferred to Mark street Dublin, A.D. 1909
1910-1911-71	21 March, 1910	20 Feb., 1911	1911	34	46	54	134	122	122	—	118	118	2527	Transferred to Mark street Dublin, A.D. 1910
1911-1912-72	21 March, 1911	20 Feb., 1912	1912	34	46	54	134	122	122	—	118	118	2561	Transferred to Mark street Dublin, A.D. 1911
1912-1913-73	21 March, 1912	20 Feb., 1913	1913	34	46	54	134	122	122	—	118	118	2595	Transferred to Mark street Dublin, A.D. 1912
1913-1914-74	21 March, 1913	20 Feb., 1914	1914	34	46	54	134	122	122	—	118	118	2629	Transferred to Mark street Dublin, A.D. 1913
1914-1915-75	21 March, 1914	20 Feb., 1915	1915	34	46	54	134	122	122	—	118	118	2663	Transferred to Mark street Dublin, A.D. 1914
1915-1916-76	21 March, 1915	20 Feb., 1916	1											

## APPENDIX L.

## DUBLIN HOSPITALS COMMISSION, 1886.

MEMORANDUM by Mr. WILLIAM THOMSON, M.A., F.R.C.S.;  
Surgeon to the Richmond Hospital.

Since I gave evidence before the Dublin Hospitals Commission, two schemes have been suggested by other witnesses, upon which I beg to make some observations.

The first scheme is that proposed by Lord Justice FitzGibbon—namely, that the grants at present made by Parliament to Dublin Hospitals should be capitalised, and the annual income be distributed, as in the case of the Hospital Sunday Fund, in proportion to the work done; the second, that of Dr. J. Keary, M.P., that the House of Industry Hospitals should be incorporated with the North Dublin Union Workhouse.

I. Lord Justice FitzGibbon's proposal is undoubtedly the simplest solution of a difficult problem. But being the simplest, it is at the same time open to the gravest objections. (1) It means the perpetuation of the present pernicious system of numerous small hospitals in Dublin, to which I have referred at length in my evidence—a system bad for the public and bad for the clinical school. (2) Under it no new hospital that might hereafter be founded could be excluded, so long as it did work sufficient to bring it within the operation of the scheme. The money derived from the investment of the capital sum would be practically a fixed one. If an additional hospital or hospitals were to benefit by it, this would necessitate a proportionate reduction to the others, and would curtail their usefulness to the same extent. (3) Under it there would be no chance whatever of the improvement of the clinical department of the Dublin Medical School by the amalgamation of hospitals. The evidence of such witnesses as Dr. Edward Hamilton, Dr. Ball, Dr. Corley, Dr. Duffy, Professor Stokes, Professor Thornley Stokes, of Dublin, Professor Gerald Yeo, of London, Mr. Reginald Harrison, of Liverpool, and myself, all goes to show that large hospitals are the necessary result of the modern development of medical science, and that where they exist the best work is being done. It has been said, and it is quite true, that some surgeons of distinguished name had few beds; but that was at a time that may be described as ancient. No doubt they would have taken more if they could have got them. But to say that a surgeon who lived 100 years ago did well with ten beds, thereby implying that a surgeon of the present time could do no well with the same number, is an obvious fallacy. The whole character of medical and surgical investigation and teaching has changed; and it might as well be argued that because anatomists in the early days were obliged to content themselves with even a part of one body in a year, those of the present ought to be satisfied with the same. (4) So far as the House of Industry Hospitals are concerned, the proposed scheme would mean their extinction. Let us suppose the income from the capitalised sum to be £10,000 a year. The claimants for a share of this, as at present entitled, would be ten general and ten special hospitals, giving an average of £600 to each. Undoubtedly this would be a welcome addition to their income from general subscription, contributed by friends whom these institutions have taken many years to gather round them. But what would be the result to the Hospitals of the House of Industry? Suddenly deprived of their Government grants, by which they have been supported without looking for outside help, they would be thrown for support upon the benevolence of the public. That appeal, having regard to the numerous hospitals at present existing, would, I have no doubt, utterly fail; having no funds, the hospitals could show no work, and they would as a consequence

be excluded from the small benefits which the proposed scheme could offer them, and be compelled to close.

II. The proposal to amalgamate the House of Industry Hospitals with the North Dublin Union is also objectionable. (1) It would change the whole character of the Institution by identifying it with the Workhouse system. There can be no doubt that to the class of patients who seek relief in the ordinary hospitals, the Workhouse, or anything bearing the stamp of the Poor Law, presents almost insuperable objections. It may be argued that there is no difference between the relief given from the poor rate and the relief given by the State, or by the benevolent public. But logical as that position may be, it cannot disguise the sentiment of the poor, who, while they will readily go into an ordinary hospital, regard the Poorhouse or any aid connected with it as a social and immediate degradation. The feeling of revolt in this matter is one that ought to be encouraged rather than deprecated. To such extent, therefore, the connexion of the House of Industry Hospitals with the North Dublin Union would, so far as their present functions are concerned, be destructive. They would no longer be resorted to by the existing class of patients, and they would steadily degenerate into Workhouse infirmaries for those suffering from chronic and incurable affections. They would cease to be what they are at present—great centres of clinical teaching, of world-wide reputation. It would be almost impossible to attract any class of students, even if teaching were permitted by the Board of Guardians, and the hospitals would become at once in no sense different from the infirmary wards of the Union Workhouse. (2) It may further be pointed out that there are four physicians, four surgeons, an assistant physician, and an assistant surgeon, who would be transferred in the proposed amalgamation with the Workhouse—in all, ten medical men. At present the medical staff of the North Dublin Union consists of three, who are assumed to be sufficient for the work to be done. It does not appear clear, therefore, where duty could be found for such a largely increased number of medical officers, nor does it seem likely that the Board of Guardians, supposing that their additional officers were paid at the same rate as the present Union officers, would be willing to add to their liabilities an item of £1,500 a year for salaries alone.

III. Should it be found impossible to carry out what is undoubtedly the best scheme for the public and the clinical school—namely, the amalgamation of certain hospitals and the creation of a new hospital in Christchurch-place or its neighbourhood—it appears to me reasonable that nothing should be done to destroy the House of Industry Hospitals. They have enjoyed the special support of the State from their foundation. That support was given largely because of their educational capacities, and I contend that they have fulfilled their purpose as a high-class educational centre. It was stated by Dr. Robert McDonnell that the hospitals which received the major portion of the Government grants—the Lock, Cork-street Fever, Steevens', and the House of Industry—had failed in this particular. But the Lock admits no pupils; Cork-street Fever has none of its own; Steevens' returns 63; and the House of Industry, 30. I am only concerned to defend my own hospitals from such a charge; I am not called upon to account for the disappearance of the class from Steevens'. I understand Dr. McDonnell to mean that we failed in that we did not retain the Carmichael School beside us. But that school was a proprietary one, in no way controlled by our Board of Governors. The Medical Board expressed their opinion that some form of union should be established, and they made a recom-

menation to that effect; but the Governors were unable to carry out our wishes, and the School was removed to the south side of the city. Anxious, however, as we were that the School should remain, it then became clear that the hospital class did not depend upon the School class, for we have since then had at least as large a number of pupils on our books.

The present Commission has been instituted, not because our hospitals have failed in an educational point of view—for they have abundantly succeeded—but because the staff, always progressive and anxious that their hospitals should be in all senses perfect, called attention to the state of the Richmond building, which was never intended for its present purpose. This they did in many instances, under successive Governments, as was clearly their duty; but the constant refusal of the Treasury to advance money for this purpose, the impossibility of making any improvements out of an annual grant of £7,600, which was barely enough to keep the hospitals efficient, and the repeated assurance that we could not go to the public for help for a State-endowed institution, made it necessary that we should make a further appeal to Lord Spencer. I submit that such an appeal was absolutely necessary if we desired that our hospitals should retain their confidence. Simply to abolish them will be to remove an institution which has been fortunate in being above the fluctuations of public benevolence, and successful as a teaching centre, and which has been unfortunate only in the fact that it has drawn more attention to its enviable position in a legitimate effort to make its usefulness greater, and to maintain its first rank in this city.

It seems to me, therefore, that, under the conditions which I have mentioned at the beginning of this section, the special grant to these hospitals should be capitalised and continued to them. It would then be possible to build and maintain a new hospital worthy of the fame of the old, and by the appointment of a larger Board, composed of men of active sympathies and knowledge of hospital management, and representing all interests, to retain the position which this institution has held for nearly a century in the history of medical education in Ireland.

IV. One other point I wish to refer to, and that is the position in which the present staff would be placed by the closing of the hospitals. The letters which follow—one from Sir Joseph Lister, Bart., Professor of Clinical Surgery in King's College Hospital, London, and one from Sir William MacCormac, Surgeon to St. Thomas' Hospital, London—speak so fully that they require no comment:—

11, Park-crescent, Portland-place, London,  
20th March, 1885.

DEAR DR. THOMSON,

I have learned with the greatest surprise and with the deepest concern that an idea is entertained in some quarters of closing the Richmond Hospital.

Thomson as the Dublin School of Medicine has long been, there is no institution which has contributed more largely to its reputation than the Richmond; and so its staff is a mainstay of European reputation. To suppress this Hospital would, therefore, be to inflict incalculable injury upon your School, and through it upon the public. And there is another aspect in which great public loss would result from the closing of the hospital—viz., that it would greatly cripple the usefulness of your excellent staff of physicians and surgeons, by depriving them of the opportunities for practical study and advancement which such a field as a large hospital can alone afford.

For yourselves personally the contemplated step would involve something very like professional ruin. Being all comparatively young men, your careers would be most seriously checked by the deprivation of your hospital appointments, and I fear it would be difficult, if not impossible, for you, if thrown out of your places at the Richmond, to obtain corresponding positions elsewhere.

I cannot but hope, therefore, that a step so disadvantageous both to the public and yourselves may yet be averted.

Yours very truly,

JOSPH LISTER.

13, Harley-street, London, W.,  
March 9, 1884.

MY DEAR THOMSON,

I am convinced that no surgeon can be fully capable of meeting effectively the many serious requirements demanded of him who is not duly practising his profession as a surgeon. It is essential, in order to create such conditions, that he be connected with a hospital. Only in such a capacity as this will he obtain sufficient opportunity to cultivate and apply his knowledge, and gain the experience which brings life that private reputation and success, on which private and conservative practice depends. This is the only secure foundation on which surgical skill and surgical knowledge can rest and without it both must necessarily fall into disuse and deterioration.

To deprive a surgeon of his hospital appointments while he is in the full vigour of his professional activity and work, is to deprive him of the means of keeping abreast of scientific progress. Not only are his means of self-improvement cut off, but he can no longer maintain the status he may have already gained. His opportunities for the exercise of his profession are enormously curtailed; he has no longer the same opportunities of recording the results of his experience; his means of contact with his professional brethren diminish or cease; and the effect of all this upon his private practice must sooner or later prove disastrous.

Speaking figuratively, I should say that depriving an active surgeon of his hospital appointments is very much like cutting off his right hand. His practice, good his hospital, upon which so much of his operative skill and experience necessarily depends, at once ceases, and the consequences I have mentioned necessarily follow.

Believe me, my dear Thomson,

Very faithfully yours,

WILLIAM MACCORMAC.

## APPENDIX M.

### TO THE MEMBERS OF THE DUBLIN HOSPITALS COMMISSION.

GENTLEMEN.—The investigation which your Commission was appointed to conduct was the result of an application to the Lord Lieutenant from the representatives of the House of Industry Hospitals for State aid in the re-building of a portion of the Institution, the works of which were not considered suitable to the requirements of the present day. As, however, the inquiry has become of much wider scope, and as evidence bearing on the comparative merits of other Hospitals has been tendered and received, we, the Medical Staff of the House of Industry Hospitals, desire respectfully to lay before you a brief statement of the position and circumstances of the Institution with which we are identified.

We wish you to understand, first, that, with reference to income, our Hospitals stand in a different position from any other; secondly, that notwithstanding the expectations, for the remedy of which we asked for Government assistance, we have simply accomplished the objects for which our income was granted, viz.—the care of the sick poor; the furtherance of medical education, and the raising and maintenance of the character of the Dublin School of Medicine.

With reference to our income, we beg to remind you that our Hospitals are a Government Institution, recognised publicly and officially as such; and supported by an annual Government Grant. Our Board is appointed by the Lord Lieutenant. Vacancies in the Medical Staff are filled by that Board, subject to the Lord Lieutenant's approval, and the appoint-

ments are formally granted. Our income was fixed in the year 1856, at £7,000 per annum, in estimating which a deduction was made to the amount of the yearly interest £127,—of a small sum three legacies amounting to £4,240,—which constitute the only property of the Hospital. Practically, therefore, we have had no other funds for any purpose whatsoever than that of meeting the ordinary daily expenditure of the Hospital. Under these circumstances, when, in consequence of the advance of modern views as to Hospital construction, we deemed it important to have one of our departments rebuilt, our representatives adopted the natural course of applying for special State assistance for the purpose, in order that our means for utilising our yearly grant should be in every department perfect.

That we have accomplished the objects for which the grant was given, and that we continue to do so, is admitted. Medical and Surgical assistance has been afforded to the poor, not only in the large district of which the Institution is the centre, but also to patients from all parts of the country who have, from time to time, availed themselves of its services. Our class of Students has been equal to that of any other Hospital, and has supplied highly trained practitioners for the requirements of the United Kingdom, the Colonies, and the Public Service. In furtherance of our educational objects, we have formed, at the expense of the surgeons, a Pathological Museum, which cost nearly £4,000, and which is considered to be one of the best Hospital Museums in the world.

As to our efforts to uphold the status of the Irish School of Medicine, it is not too much to say that the work on which its fame rests has been mainly accomplished in these Hospitals. For example, the treatment of Anæsthesia by compression—one of the greatest advances in modern Surgery, and known throughout the civilised world as the "Dublin Method," had its origin in the Richmond Hospital. The most important modern views on the nature and treatment of contagious Surgical diseases were foreshadowed in the writings of Carmichael. The works of Robert Smith on Negligence and on Special Fractures are still standard authorities. The great book of Adams on Rheumatic Arthritis contains practically all that is known on the subject. The name of Chaynes as an authority on Medicine is only second to that of Stokes, with which it is so often coupled. Here the knowledge of Aortic regurgitation—that valvular disease of the heart, known on the Continent as the "Morbus Coricapsi"—was perfected by the able physician who comparatively lately left us, so full of years and honours; and here also he elaborated the views on the treatment of fever, which still hold their place amongst the accepted principles of therapeutics. The fame of the Institution has been such as to attract to its staff

Physicians and Surgeons from many other Hospitals in Dublin, and several of the present staff occupied other appointments, under the belief that they were obtaining positions of prestige and emolument, the permanence of which would be co-equal with that of the Imperial Government.

As to the progressive views of our representatives, it ought to be mentioned that when the question of giving further State assistance was under the consideration of Earl Spencer, Lord Lieutenant, it was suggested by him that an amalgamation of our Hospitals with St. Stephen's—an Institution of high repute might be advantageously effected, and that the amalgamation of both in a new building, would increase their usefulness and materially diminish the expenses incident to the present distribution of the grants. We immediately acquiesced in the suggestion, and were willing, in accordance with his Excellency's views, that our Governing Board should be modified and made of a more representative and popular character. We were satisfied that a new Hospital, built in such a situation as to supply the wants of those districts to which the present Hospitals minister, and constructed according to modern requirements, would not only be worthy of State endowment, but would also appeal successfully to the benevolence of the charitable, and have a just claim to the regular assistance of the Municipal Authorities. This project was relinquished in consequence of the action of the Governors of St. Stephen's Hospital, but we hope that the abandonment is only temporary, and that Lord Spencer's valuable suggestions may receive your recommendation.

In conclusion, we respectfully beg from your Commission a due consideration of these statements. We trust that a sound and just decision will speedily crown your labours—speedily, because the best interests of our Hospitals suffer daily from uncertainty as to the future. We further express our firm belief that any change likely to impair the efficiency of the House of Industry Hospitals will be most detrimental to the interests of the sick poor, to the cause of Medical Education in Dublin, and to the prestige of the Irish Medical School.

We remain, Gentlemen,

Your obedient servants,

JOHN T. BAKER,	} Physicians.
SAMUEL GORDON,	
GUY P. L. NUGENT,	
WILLIAM STOKES,	} Surgeons.
WILLIAM THOMSON,	
W. THOMSON SINGER,	
ANTHONY H. CORRY,	

## APPENDIX N.

Baginbun, Dublin,  
Sep. 24th, 1886.

DEAR SIR,—In reply to your letter, "The City of Dublin Hospital" is entirely non-sectarian, illness and suffering being the sole claims for admission.

The statement at the other side will show you the amount received from Protestants and Roman Catholics respectively, and the numbers relieved.

The general expenditure has been increased lately in consequence of various causes, principally heavy exceptional outlay and sundry improvements, &c.

I am, dear Sir,

Yours faithfully,

JONATHAN HOGG,  
MED. SEC.

Sir Rowland Bleasdale, Bart.,  
Chairman Hospitals Commission.

### SUBSCRIPTIONS AND DONATIONS.

Religion.	1885.	1884.	1883.
Protestants . . .	£ 4. 4.	£ 6. 6.	£ 7. 5.
Roman Catholics . . .	1,000 1 1.	2,015 12 1.	2,775 5 5.
	24 11 1.	56 8 1.	22 14 8.
Total . . .	£ 1,024 15 0.	£ 2,078 2 2.	£ 2,805 9 4.

### PATIENTS.

Religion.	1885.	1884.	1883.
Protestants . . .	153	220	304
Roman Catholics . . .	497	781	668
Total . . .	650	1001	972

2 R

## APPENDIX O.

## MERCEUR'S HOSPITAL.

REPORT OF COMMITTEE APPOINTED TO CONSIDER THE EVIDENCE SUBMITTED TO THE HOSPITAL WHICH WAS GIVEN BEFORE THE DUBLIN HOSPITALS COMMISSION. TO THE BOARD OF GOVERNORS OF MERCEUR'S HOSPITAL.

GENTLEMEN,—Your Committee, pursuant to your resolution, met on Monday, January 18th, and on Wednesday, 20th, and fully considered the matter referred to them, and they unanimously recommend the Board to send, without delay, to the Dublin Hospitals Commission a letter, of which the enclosed is a draft; also copies of the enclosed resolution and comments on Mr. O'Grady's evidence.

I remain, gentlemen, faithfully yours,

C. E. TEDDALL, B.D., Chairman.

The Board of Governors, Merceur's Hospital.

To the Dublin Hospitals Commission.]

GENTLEMEN,—The attention of the Governors of Merceur's Hospital having been called by the printed minutes of Mr. O'Grady's evidence given on the 7th of November last, with charges and insinuations made by that gentleman with reference to the management of that hospital, it is their anxious desire to be heard in their vindication and in refutation of those injurious statements; and they would therefore feel much obliged to the chairman kindly to fix a day and hour for hearing their reply. In the meantime they forward, for your information, short comments on Mr. O'Grady's evidence, which the board are prepared to substantiate; also a resolution forwarded by the board relative thereto.

C. E. TEDDALL, B.D., Chairman.

28th January, 1886.

QUESTIONS.	REPLIES.
1404 & 1405	Mr. O'Grady is not Senior Surgeon to Merceur's Hospital, as he stated, since 1856, only since 1878.
1406 to 1416	The answers to these questions are misleading, and have been explained by the Registrar, who makes out all such Returns.— <i>Fide</i> his evidence on re-examination.
1417	Mr. O'Grady's answer to this question has no foundation in fact.
1419	The answer to this question, to the effect that a relative of Dr. Nixon's was himself elected to an office in the Hospital by the double vote of the Chairman, is absolutely false; the Chairman carried a double vote with reference to a question of advertising the vacancy.— <i>Fide</i> copies of resolutions from Minute Book, as follows:—On Wednesday, 14th January, 1885, it was resolved that the Medical Officers be requested to select a person who would be suitable to discharge the duties of Apothecary and Resident Medical Officer.
	February 11th, 1885.
	Proposed by R. P. Brennan; seconded by William Jameson:—That Dr. Griffin be appointed Resident Medical Officer for the ensuing twelve months, in accordance with the recommendation of the Medical Board. Passed, Mr. Nixon declining to vote.
	Proposed, as an amendment, by Joseph Abbott; and seconded by F. A. Nixon:—That an advertisement be inserted in the <i>Irish Times</i> , <i>General Advertiser</i> , and <i>Express</i> , for a Resident Medical Officer, and that an election be held at next monthly meeting.— <i>Lost</i> .
	The occasion, and the only one, upon which the Chairman gave a double vote was on this amendment.
	The answers to these questions have been explained by Mr. McGuckin, who made the calculations and gave the data upon which they were founded.
	The data and calculations are as follows:—He received from the Hall Porter, checked by the Apothecary, an average of between 70 and 80 Patients per day. He took 80 as an average per day; he took 60 as the average per day to allow for Sunday— $365 \times 60 = 21,900 + 3,528$ —Accident Cases=25,428.— <i>Fide</i> evidence of Mr. S. V. Post, M.A., and T. A. Caswell, Solicitor, given before the Dublin Hospitals Commission.
1421	We are of opinion that the number of patients attending the Hospital is correct, and we have arrived at this conclusion from the answers given to us by the Registrar and the Medical Officers. Thus this morning (date 25th January, 1886) it was ascertained that 92 patients attended the Dispensary.
1422 to 1435	Mr. O'Grady's adverse opinion concerning the burning is decidedly opposed to that of all his colleagues. With regard to answer 1431, the <i>Matron</i> asserts positively that Mr. O'Grady's statement therein contained is absolutely without foundation.— <i>Fide</i> her letter, page 163.
1436	The misleading character of this evidence is shown by the Registrar.— <i>Fide</i> his evidence.
1471	The gentleman in question has no relations on the Board; he has one connection by marriage, who declined to vote on the occasion of his election.— <i>Fide</i> Minute Book.
1478	Part of this answer has been shown by the Records of the Hospital to be untrue.
1499	The two previous Medical Officers were re-appointed for a second year, and this is a rule generally adopted in all Dublin Hospitals.
1477	In compliance with the wishes of the Commissioners, and on reference to the Charter, the Governors are taking steps to increase their numbers, although it has always been the practice to keep up a working number as appears by the records of the Hospital.
	We are of opinion that the evidence given before the Dublin Hospitals Commission by Mr. O'Grady tends to produce an erroneous impression with regard to the Institution upon the public mind.—C. E. Teddall, Chairman.
	[Report of Committee handed to me by their Chairman, C. E. Knight, Chairman.—22nd January, 1886.]
	We propose that this Board do adjourn until January 29, 1886, to further consider the evidence given at the Dublin Hospitals Commission, and that copies of the report of the Committee, with proposed Amendments, and Documents referred to, be sent to Messrs. O'Grady and Abbott, for their comments thereon. Proposed by M. A. Ward, seconded by Thomas H. Taylor. Passed unanimously.—C. E. Knight, Chairman.—22nd January, 1886.

## APPENDIX P.

Rateable Valuation of the City of Dublin (Municipal),	£678,886
Townships and Rural Districts proposed to be annexed to the City by the Municipal Boundaries Commission (Eckman's)—	
Township of Rathfarnham,	115,718
"      Foxbroke,	95,159
"      Kilmashogue,	10,178
"      Dracoonia,	18,692
"      Clontarf,	19,042
Rural portions of County Dublin,	52,504
Total Valuation of Districts proposed to be annexed to the City,	£294,303
Total Valuation of City of Dublin and Districts proposed to be annexed,	£973,089

J. BALD GERRARD,

24th Nov., 1886

The Treasury Remembrancer,  
The Castle,  
Dublin.

APPENDIX  
CENSUS OFTABLE showing the Number of Patients in each of the Hospitals in the City and Suburbs of Dublin on  
and distinguishing Roman Catholics from.

LOCALITIES FROM WHICH PATIENTS WERE ADMITTED.	NAME OF HOSPITAL AND																	
	Dorset.			Charitable In- firmity, Jervis-street.			Mason's.			Meth.			Duke's Lying-in.			Workman's Lack.		
	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.
ALL PLACES, . . . .	181	42	223	19	8	27	43	7	50	72	14	86	46	12	58	41	19	60
IRELAND:—																		
Total No. . . . .	181	41	222	17	9	26	43	7	50	72	14	86	46	11	57	41	18	59
PROVINCE OF LEINSTER, .	11	20	31	17	9	26	43	7	50	72	14	86	46	12	58	41	19	60
PROVINCE OF MIDDLESEX, .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
PROVINCE OF ULSTER, .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
PROVINCE OF CONNAUGHT, .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
CONTRACTS.																		
Lancaster.	Coleman, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Dillon, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Kilgobbin, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Middlesex.	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Ulster.	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Connaught.	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
	Green, . . . .	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
ENGLAND, . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
SCOTLAND, . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
OTHER ADMITTED PLACES, .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
UNRECORDED, . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2

(a) Including 20 Infants of Patients.

(b) Including 2 Infants of Patients.



Q

## IRELAND, 1881.

Census Night (3rd April) 1881, arranged according to the Localities from which the Patients were admitted, Degrees of other Religious Persuasions.

SQUARES OF PATIENTS.																		LOCALITIES FROM WHICH PATIENTS WERE ADMITTED	
Fever Hospital and House of Industry, Cork-street.			Hardwicke Street.			St. Patrick Docks.			Richmond Hospital.			Eye and Ear Infirmary.			Whitechapel Infirmary.				
Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.		
26	3	43	42	5	44	50	19	74	72	22	97	4	1	7	80	19	99	ALL PLACES.	
																		IRELAND—	
56	2	48	48	1	43	49	13	56	56	12	64	4	5	4	76	12	60	Total No.	
26	3	48	42	5	48	53	17	79	67	8	75	1	1	2	82	16	68	PROVINCE OF LEINSTER.	
"	"	"	"	"	"	2	"	2	2	"	2	"	"	2	1	"	1	PROVINCE OF MIDDLESEX.	
"	"	"	"	"	"	"	"	"	1	1	2	"	"	"	1	"	1	PROVINCE OF ULSTER.	
"	"	"	"	"	"	1	2	2	2	2	4	1	1	2	"	"	"	PROVINCE OF CONNUGHT.	
																		COUNTY.	
26	3	40	40	3	45	47	14	61	17	2	40	"	1	1	42	16	46	Cork.	
"	"	"	"	"	"	"	1	1	2	"	"	"	"	"	1	"	1	Delm.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Kildare.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Kilmore.	
"	"	"	"	"	"	"	"	"	"	"	"	"	1	"	1	"	"	King's.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Longford.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Leath.	
"	"	"	"	"	"	"	1	1	2	"	2	"	"	"	"	"	"	North.	
"	"	"	"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	Queen's.	
"	"	"	"	"	"	"	"	"	"	2	2	"	"	"	"	"	"	Wexmouth.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Wicklow.	
"	"	"	"	"	"	2	1	3	"	"	"	"	"	"	"	"	"	Wicklow.	
"	"	"	"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	Clare.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	1	"	1	Cork.	
"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	"	"	"	Kerry.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Limerick.	
"	"	"	"	"	"	"	"	"	"	1	1	2	"	2	"	"	"	Tipperary.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Waterford.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Armagh.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Armagh.	
"	"	"	"	"	"	"	"	"	"	2	2	"	"	"	"	"	"	Down.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	1	1	Fermanagh.	
"	"	"	"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	Londonderry.	
"	"	"	"	"	"	"	"	"	"	"	"	1	1	"	"	"	"	Monaghan.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Tyrone.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Galway.	
"	"	"	"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	Latham.	
"	"	"	"	"	"	"	1	1	1	"	1	"	"	"	"	"	"	Mary.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Enniscorthy.	
"	"	"	"	"	"	"	1	1	"	"	"	"	"	"	"	"	"	Sligo.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	ENGLAND.	
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	SCOTLAND.	
"	"	"	"	"	"	"	"	"	1	"	2	"	1	1	"	"	"	OTHER UNCLASSIFIED PLACES.	
"	"	"	"	"	"	1	"	1	"	"	"	"	"	"	"	"	"	UNCLASSIFIED.	

(continued on page 310.)

## APPENDIX

## CENSUS OF

TABLE showing the Number of Patients in each of the Hospitals in the City and Suburbs of DUBLIN on and distinguishing ROMAN CATHOLICS FROM OTHERS

LOCALITIES FROM WHICH PATIENTS WERE ADMITTED.	NAME OF HOSPITAL AND																				
	Convent of Lymington.			City of Dublin.			St. Vincent's.			St. Mark's Ophthalmic.			The Adelaide.			The Mater Misericordiarum.			Children's Hospital (Upper Temple-street).		
	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.	Roman Catholics.	Others.	Total.			
ALL PLACES.	14	4	18	15	13	28	104	2	106	14	3	17	14	14	28	122	8	130	22	1	23
IRELAND—																					
Total No.	14	4	18	15	13	28	104	2	106	14	3	17	14	14	28	122	8	130	22	1	23
PROVINCE OF LEINSTER.	10	4	14	10	8	18	72	1	73	6	1	7	10	10	20	104	7	111	20	1	21
PROVINCE OF MUNSTER.		2	2	1	2	3		1	1	10		10	7	7	14		7	7			
PROVINCE OF ULSTER.			4		4	4		2	2	1	1	2	10	10	20		2	2			
PROVINCE OF CONNUGHT.			2	1	3	3		2	4		4	2	2	4		2	2				
CONVENT.																					
LEINSTER.	Carlow.												1	1	2		1	1			
	Dublin.	14	4	18	15	13	104	2	106	14	3	17	14	14	28	122	8	130	22	1	23
	Kildare.				1	1		1	1	1		1	1	1	2		1	1			
	Kilkenny.						1	1	1	1		1			1		1	1			
	Limerick.				2	2							9	9	18						
	Longford.				1	1		1	1												
	Louth.				1	1		2	2	1	1	2	1	2	3		1	1			
	Meath.				2	2		2	2				1	1	2		1	1			
	Queen's.						2						1	1	2		1	1			
	Wick.						2		2				1	1	2		1	1			
MUNSTER.	Wexford.				2	2							1	1	2		1	1			
	Wicklow.				2	2	1	1	1	1	1	1	3	3	6		2	2			
	Cork.						1	1	1							1	1				
	Kerry.									2		2	2	2	4		1	1			
	Limerick.						1	1	1	9		10	1	1	2						
	Tipperary.				4	4				2		2	2	2	4						
	Wexford.				1	1										1	1				
	Waterford.																				
	Trinity.																				
	St. Vincent's.																				
ULSTER.	Armagh.				1	1							2	2	4						
	Cavan.				2	2	2	2	2				2	2	4		2	2			
	Down.				1	1				1	1	2									
	Fermanagh.												2	2	4						
	Londonderry.																				
	Monaghan.									1	1	2	1	1	2						
	Tyrone.												1	1	2						
	Galway.				2	2				1	1	2	1	1	2						
	Louth.				1	1	1	1	1							1	1				
	Sligo.						1	1	1				1	1	2		1	1			
ENGLAND.					1	1	1	1	1												
SCOTLAND.					2	2															
OTHER DISTRICT PLACES.																					
EUROPEAN.																					

No. including 14

CHANDLER HOUSE, RUTLAND-SQUARE, DUBLIN.



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